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The influence of owner's chronic illness on family firm's adaptation

A study of small family businesses and entrepreneurial couples in Finland and Germany

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A study of small family businesses and entrepreneurial couples in Finland and Germany

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Abstract

Organisation's adaptation to owner's chronic illness is an important theme for all businesses, but it is especially valuable for small family businesses as well as entrepreneurial couples due to their strong interrelation between family and business. So far family business research has not looked into family businesses' process of adapting to the disruption caused by the occurence of owner's severe chronic illness. The purpose of this thesis was to look at what impact an owner's severe chronic illness has on the organisation's adaptation. To fulfil the purpose, this study combines family science, and family business research and theories in an interdisciplinary manner, applying family science theory to family business research. Our approach is directed by the Double ABCX Model of Family Stress and the FAAR Model to explore the adaptation process of family businesses and to identify demands and resources connected to the disruption.

This multiple case study, utilising semi-structured interviews, observations and secondary data was conducted in a Finnish and German context. The collected qualitative data is presented as narrative case summaries, and analysed by applying in- and cross-case analysis. The findings add to the theoretical understanding of the adaptation process by identifying preconditions, which affect organisations' adaptation process. Moreover, we identified demands that a chronic illness causes for both the business and the family as well as resources that are used to respond to the new demands. A model illustrating the adaptation process and its dimensions is presented. The findings of the study do not only serve family businesses coping with a chronic illness but provide more implications for businesses in general. Organisations can use the study's findings to prepare and make their business fit for disruptions of different nature. In addition, organisations in the particular situation researched can benefit by better understanding how they could further improve to stay resilient for possible future disruptions.

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1. Introduction

In the introduction, we briefly outline the reasons inspiring us to study the topic, discuss the interdisciplinary nature of our study, and motivate the importance of our research. The purpose and our research questions are presented.

Undoubtedly, health is a topic of great importance within people's lives, as well as for our society (Bowling, 1995). Medical research extensively covers the physical aspects by diagnosing and characterising illnesses and their symptoms. Psychology and sociology as fields of studies provide another perspective by concentrating on the social effects of an illness (Jaskiewicz, Combs, Shanine, & Kacmar, 2017). Furthermore, the family science research specifically looks at the illnesses impact on a family as a system, and thus provides us with implications on how a family and its members are affected by an illness (Bavelas & Segal, 1982; Broderick, 1993). Scholars within family science have been extensively exploring how illness impacts family coping (Eggenberger & Nelms, 2006; Friesen, Pepler, & Hunter, 2002; F. Walsh, 1996, 2002, 2003; Årestedt, Benzein, & Persson, 2015; Årestedt, Persson, & Benzein, 2014); spousal coping (Berg & Upchurch, 2007; Kuyper & Wester, 1998; Revenson & Majerovitz, 1991; Öhman & Söderberg, 2004); dyadic coping (Acitelli & Badr, 2005; Baanders & Hejmans, 2007; Manne, Pape, Taylor, & Dougherty, 1999); as well as making sense of the illness in one's life context (Whittemore & Dixon, 2008).

The relation between illnesses and business has been studied by management research in the form of concepts such as well-being (T. A. Wright & Huang, 2012) and work-life-balance (Chang, McDonald, & Burton, 2010). Also, the field of entrepreneurship has been touching upon the topic (Shepherd & Patzelt, 2015). For instance, Boyd and Gumpert (1983) examine the consequences of work-related stress on the entrepreneurs health, as well as the physiological and emotional impact of being responsible for one's own business. Kets de Vries (1980) looks at the entrepreneurs' personality and how entrepreneurs' reaction to stress affects their employees and family. Nevertheless, existing research within entrepreneurship is scarce and limited, which highlights the need to further look into the topic, as "health issues (of entrepreneurs and/or others) can facilitate or obstruct entrepreneurial action from delivering value (to the entrepreneurs and/or others)" (Shepherd & Patzelt, 2015, p. 22).

It is obvious that severe illnesses do not only affect the ill person itself but also various other actors, such as the partner, the family, the social environment, as well as the professional context (L. M. Wright & Bell, 2009). This is even more serious and complex in the family business context, where the areas of family and business are strongly intertwined (Habbershon, Williams, & MacMillan, 2003). Family businesses also play an important part in our society, as they represent the most usual form of business organisation in most parts of the world (Gersick, Davis, Hampton, & Lansberg, 1997). The European Parliament mentions in its report on family businesses in Europe that in 2014, 85 % of all European businesses fall into the definition of family businesses, and these make up for 60 % of all employments in the private sector (European Parliament, 2015).

Surprisingly, management scholars have not yet drawn upon the wide knowledge gained in family science to further develop the understanding of individual behaviour in organisations, and in particular, how elements of families affect entrepreneurs and their organisations. In their recently published review, Jaskiewicz et al. (2017) highlight this gap in management research and look at possible implications of family science in management research. Using the family systems theory family business researchers get the opportunity to take the multidimensional family system into consideration, including various stakeholders' perspectives and their interrelations (Michael-Tsabari & Lavee, 2012). So far, most studies only indicate the mutual influence of family systems and the business, but neglect to include the intricate multidimensional family system (Jaskiewicz et al., 2017).

In their article, which inspired us to study the topic of health and its influence on the adaptation of family business, Shepherd and Patzelt (2015) introduce "a triadic model of entrepreneurial action and health in terms reciprocal linkages between entrepreneurial action, the health of the entrepreneur, and the health of others" (p. 23). These linkages are suggested as possible starting points for future research. Answering to this call for further research, we look at the linkage between the managing owner's health and its impact on the organisation's adaptation, in the context of family businesses and entrepreneurial couples. More precisely, this study focuses on chronic illnesses which have a severe and permanent impact on the managing owner's health. As the topic is new to the field of family business, we will draw upon the literature of entrepreneurship. Furthermore, we follow the proposition of Jaskiewicz et al. (2017) by utilising the existing knowledge of family science

research to study the intersection between family and business in the context of a severe chronic illness of the owner.

Answering the calls for further research with regards to the impact of severe chronic illness on family business operations, we break fresh ground within management research, and in particular family business research, with drawing upon family science research and theory to explore this essential and highly relevant area within family business. We aim to provide new insights to the topic, as well as establish the usefulness of family science theory within family business research.

1.1 Problem Discussion

Family business owners and entrepreneurs are known to be under a lot of pressure, facing long hours, professional isolation, financial stress, as well as blurry lines between their professional and family life (Kets de Vries, 1993). A common issue faced by family businesses, as well as entrepreneurial couples, are sudden illnesses of one of the owners (Prottas & Thompson, 2006; Voltmer, Spahn, Schaarschmidt, & Kieschke, 2011). The consequences of such an event can be severe, causing an immense impact, not only on the business but also on the family, the partner, as well as on possible employees. There are two aspects with regards to the root of an illness; on the one hand, illness can influence the business operation; on the other hand, the business operation can cause illness (Shepherd & Patzelt, 2015). For our study, we have decided to concentrate on the impact of the owners' illness on the business adaptation.

As mentioned, only little research has been done looking at the social aspects of an illness and its effects on the business, family and employee relations (Shepherd & Patzelt, 2015). Furthermore, illness is a test for relationships in general (Kuyper & Wester, 1998), and in this case, influencing not only the family relationship but also the relationship towards the business adaptation and the employees. The area of studies is a new territory and of great relevance for family businesses and entrepreneurial couples (Jaskiewicz et al., 2017). Illness can cause risks not only to the livelihood of the business owners but also their employees. By looking at the consequences of illness within family businesses and how they are handled in practice, we aim to contribute to the understanding of this particular problem.

1.2 Purpose and Research Questions

It has been proven that many people dealing with health related restrictions decide to become entrepreneurs (Kendall, Buys, Charker, & MacMillan, 2006), as this gives them the opportunity to set up their business with taking their disabilities into consideration (Arnold & Seekins, 2002; Hagner & Davies, 2002). But what are the consequences for a formerly healthy entrepreneur of suddenly falling ill, when the business operations have not been adapted and aligned with the illness in the first place?

We want to provide answers to the question above and have a closer look at the consequences especially on small family businesses and entrepreneurial couples, caused by a chronic illness of one of the owners. In our study, we look at the various actors including the ill person, the partner, other close family members, as well as employees and the business operation itself. We specifically focus on small family businesses/entrepreneurial couples and their interrelation with the different parties, and not only on possible managerial aspects of the illness.

To conclude the discussion above, we introduce our purpose statement:

The purpose of this study is to explore the impact of an owner's severe chronic illness on his or her family firm's adaptation.

Furthermore, we address the research questions of:

1. What kind of demands does the owner's severe chronic illness cause for the family and the small family business?

2. How can resources support an effective adaptation to owner's severe chronic illness?

3. What are the roles of non-family employees and the consequences for them in the case of an owner's chronic illness?

1.3 Structure

As a next step, the frame of reference (chapter 2) is discussed to provide definitions of relevant terminology and theories of our empirical study. The following chapter also functions as a base of our research. The research methodology (chapter 3) includes our chosen research design and the research method. Moreover, this chapter contains further information and details with regards to our case studies as well as the selected data collection method. Thereafter, the results of our empirical study are discussed and are presented in detail in chapter 4, and analysed in chapter 5. In chapter 6, we present our developed model and discuss its theoretical contributions, practical implications, our study's limitations, as well as propose future research ideas. The thesis finishes with our conclusions, providing answers to our research questions, and fulfilling the research purpose (chapter 7).

2. Frame of Reference

Our frame of reference includes both family business and family science literature, which is used to address our interdisciplinary research questions. The section ends with the presentation of a theoretical framework that acts as the starting point of our empirical study.

2.1 Defining Family Business

Research on family business has increased significantly during the last years (Yu, Lumpkin, Sorenson, & Brigham, 2011). Despite the rising interest, family business researchers have not been able to agree on one definition of family businesses and the definition of family business varies across studies (Astrachan, Klein, & Smyrnios, 2002; Chrisman, Chua, & Sharma, 2005; Harms, 2014). For instance, Davis and Tagiuri (1989) define a family business based on the family's impact on strategic decision making in the organisation, whereas Chua, Chrisman and Sharma (1999) focus on the behavioural aspects within the family business. Astrachan et al. (2002) conclude that most definitions focus on ownership aspects, the essence of taken actions or the culture of the family business. Even though, there is no commonly shared definition of family businesses, family business as an area of study is getting more and more clear as the number of studies and the interest towards it increase (Moores, 2009).

In our study, we follow the definition of Jennings, Breitkreuz and James (2013) and refer to family businesses as "firms controlled primarily by a family and in which at least two family members work" (Jennings et al., 2013, p. 472). We see a family as a system of two or more individuals connected with each other through blood, adoption or a relationship such as marriage or romantic partnership. Thus, we consider also firms run by couples as a specific form of a family business. Barnett and Barnett (1988) point out that entrepreneurial couples, who both are involved in the business, and share responsibilities for its management and operations are called *copreneurs*. Marshack (1993) agrees with this and defines copreneurs as a subset of family businesses, by representing the dynamic interplay of the systems of work and love. Furthermore, Blenkinshop and Owens (2010) sees "copreneurship as the smallest family firm" (p. 359), and Hedberg and Danes (2012) even see copreneurs as a bridge between family business and entrepreneurship research. Based on these arguments, and in line with Blenkinsopp and Owens (2010) we see added value in

drawing upon the knowledge gained in the field of entrepreneurship for our family business focused study, and see entrepreneurial couples/corpreneurs as a form of family business.

2.2 Characteristics of Family Firms

In what many family business researchers agree, is that family businesses do differ from non-family organisations (Melin, Nordqvist, & Sharma, 2014). One of the differences is family businesses' tendency to not only pursue economic goals but also to harbour non-economic goals of the family, such as family heritage, longevity of the family business and family identity (Berrone, Cruz, & Gomez-Mejia, 2012; Kets de Vries, 1993). These non-economic goals summarised under the term socio-emotional wealth and the sheltering of them is shown to affect the actions of family businesses and, thus, differentiate them from other forms of businesses (Berrone et al., 2012; Gomez-Mejia, Cruz, Berrone, & De Castro, 2011; Gomez-Mejia, Haynes, Nunez-Nickel, Jacobson, & Moyano-Fuentes, 2007).

As mentioned, family businesses are often perceived to pursue a stronger long-term orientation than non-family businesses (Lumpkin & Brigham, 2011; Zellweger, 2007). Family businesses are often less dependent in their actions on the short cycles of stock markets, invest strongly in the future to pursue their mission and have established long-lasting partnerships with suppliers and customers, which all together make it possible for family businesses to embrace longevity as well as emphasise its importance (Kets de Vries, 1993; Miller & Le Breton-Miller, 2005). Often the aspect of longevity is purely associated with the long-term orientation of the business but it is equally essential to understand the longevity on the family level in the form of transgenerational entrepreneurship through an entrepreneurial orientation of the family (Zellweger, Nason, & Nordqvist, 2012).

An axiomatic difference between family businesses and non-family businesses is the overlapping of the roles of family and business, which affects a firm's actions as well as the logic behind the taken actions (Zellweger et al., 2012). Therefore, managing a family business is greatly tangled with managing issues caused by the overlap of these two entities (Nordqvist & Melin, 2010). Moreover, the overlap of the entities may become visible, for instance, in the form of succession battles and nepotism (Kets de Vries, 1993). The approaches of the family business theory towards this overlapping have changed over the years from the preference of separating the family and the business as two independent systems, to views accepting the interplay of these two, and even seeing the family influence

as a competitive advantage for family business (Chrisman et al., 2005; Hoy, 2012; Miller & Le Breton-Miller, 2005; Nordqvist, 2005; Zahra, Hayton, & Salvato, 2004). Traditionally, this described interplay of the different entities and actors has been visualised in the literature in the form of two or three overlapping circles (Habbershon et al., 2003; Tagiuri & Davis, 1996), highlighting the complexity of family businesses.

Even though certain characteristics are common for family businesses, it is crucial to also consider their heterogeneity. As several different ways of categorising family businesses have been presented (T. Barnett & Kellermanns, 2006; Gersick et al., 1997; Lansberg, 1999), the work of Nordqvist, Sharma and Chirico (2014) is one of the most encompassing ones. They identify nine typical forms of family businesses varying based on the family involvement in management and ownership of the business (Nordqvist et al., 2014). Regardless which way of categorising is used, it is vital to understand the heterogeneous nature of the family businesses and to take it into consideration.

2.3 Well-Being and Business Ownership

Even though family businesses have a prominent role in our current economy, the number of studies concentrating on the business's effects on the owners' well-being is very limited, and not many theoretical frameworks about the topic exist (Jennings et al., 2013). Also, the findings of the existing literature seem to be rather ambivalent and to contradict each other. For instance, Stephan and Roesler (2010) as well as Voltmer, Spahn, Schaarschmid and Kieschke (2011) argue that entrepreneur's well-being and health patterns are better than employed people's, but Oren (2012) states that there are no differences. Furthermore, Kallioniemi, Simola, Kymäläinen, Vesala and Louhelainen (2008), who have focused on health aspects in agriculture, have found out that farmers are less stressed than the working population in average. On the other hand, Rietveld, Kippersluis and Thurik (2015) argue that the reported better well-being of entrepreneurs is purely explained by the fact that individuals entering entrepreneurship are in general healthier than other individuals, and add that entrepreneurship is actually harmful for the well-being of the entrepreneurs. This view is also supported by other researchers who have stated that entrepreneurs and employed people's coping strategies vary and that different kind of people might choose different careers, which can affect the well-being results (Oren, 2012; Schonfeld & Mazzola, 2015; Stephan & Roesler, 2010; Voltmer et al., 2011).

As mentioned already, in addition to the contradicting studies of entrepreneurs' well-being there do exist only few frameworks concentrating on the topic. Jennings et al. (2013) accentuate the Sustainable Family Business Model by Stafford, Duncan, Danes and Winter (1999) as one of the most comprehensive models that is able to provide an answer to the connection between well-being and family firms. The Sustainable Family Business Model (Figure 1) acknowledges and builds on the interplay of family and business systems by emphasising that both systems have some aspects that are purely associated to them but also aspects that fall into the intersection of the two systems (Y. G. Lee, Danes, & Shelley, 2006; Stafford et al., 1999). What makes the framework especially suitable for looking at well-being of the business owners is its focus on both objective (e.g. profit and business goals) and subjective measures (e.g. perception of life quality and sense of satisfaction) (Stafford et al., 1999). The model also acknowledges that both the family and the business system bear resources as well as constraints and can thus either negatively or positively influence the other system as well as the family business in general (Stafford et al., 1999).

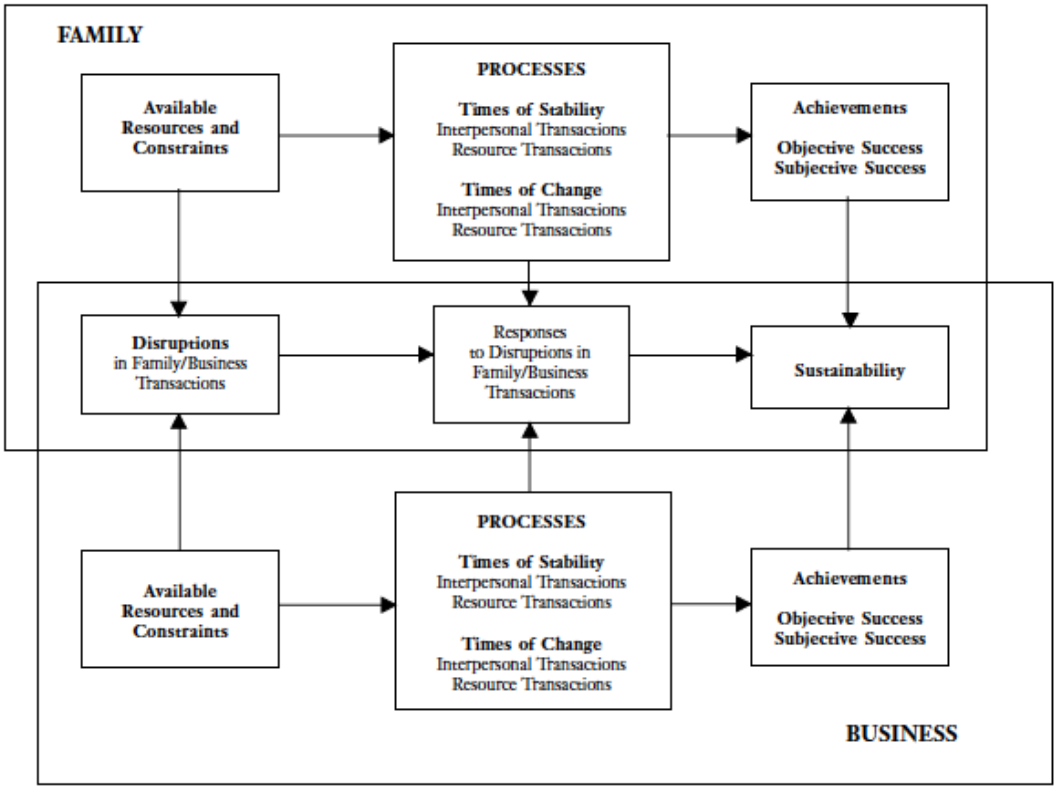

Figure 1: Sustainable Family Business Model (Stafford et al., 1999)

2.4 Limitations of the Existing Family Business Research

Despite the strongly increased interest towards family business research during the last years (Yu et al., 2011), the existing literature about family businesses is still in a developing phase, and therefore has gaps and is not able to answer all dilemmas of family business (Chrisman et al., 2005). Especially the intersection between the family as a system and its effect on business are under-researched topics in the family business research (Chua, Chrisman, & Steier, 2003; Dyer, 2003). Furthermore, Michael-Tsabari and Lavee (2012) add to this by stating the family dynamics in specific to be an area that needs further exploring. Based on these observations, it can be argued that the current research strongly concentrates on the ownership and the business areas of the overlapping circles model (see e.g. Hoy (2012)). By focusing in our research especially on the family as a system and family dynamics impact on the business, we aim to contribute to the literature and help in closing the existing gaps.

As mentioned earlier in the introduction of the topic, our study aims to adopt theoretical knowledge from the family science literature and apply it in the family business concept. Family science as an area of study is strongly concentrating on the family as an entity and is thus seen as a rather untapped source of research ideas and approaches (Jaskiewicz et al., 2017). Michael-Tsabari and Lavee (2012) support this view and argue that family science and family therapy literature do not only help to analyse the essential family entity but they also contribute towards a better understanding of family businesses in general. These arguments further emphasise the value of our study and the chosen research design utilising family science literature.

An even bigger gap in the theory exists in the domain of health and family businesses. As Shepherd and Patzelt (2015) point out very few studies look at the effects of entrepreneurs' health on business and even less are focusing on severe chronic illness and its effect on the management of a business. According to Jennings et al. (2013) same goes for family business and well-being as the number of studies focusing on the topic is very limited. In addition, the few existing studies have a narrow perspective or concentrate mainly on a specific industry, such as farming, which both complicate the generalising of the results (Jennings et al., 2013).

It is also crucial to point out that a significant majority of all the conducted studies in entrepreneurship and family business research purely focuses on the entrepreneurial

actions' effect on the entrepreneur and not vice versa (see e.g. Prottas and Thompson (2006), Rietveld et al. (2015), Stephan and Roesler (2010), Toivanen, Mellner and Vinberg (2015)). Many of the existing researches also apply the methodology of purely comparing entrepreneurs to organisationally employed employees (see e.g. Kallioniemi et al. (2008), Oren (2012), Toivanen, Griep, Mellner, Vinberg and Eloranta (2016), Voltmer et al. (2011)). Both of these approaches strongly differ from the aims of our study as we are aiming to look at the health's effect on business, and instead of comparing different groups, to purely focus on family business entrepreneurs. The non-existence of such a perspective further highlights the value of our study.

2.5 Chronic and Severe Illness

According to World Health Organization (WHO) (2017), chronic illnesses (alternatively also noncommunicable diseases) can be categorised into four different types: "cardiovascular diseases (heart attack and stroke), cancers, chronic respiratory diseases (such as chronic obstructed pulmonary disease and asthma) and diabetes" (World Health Organisation, 2017). Chronic illnesses are by their nature perpetual conditions that cause irreversible, permanent changes, barriers and disabilities on various areas of life for those suffering from them (Livneh & Antonak, 2005; Strauss & Corbin, 1984). Consequently, families afflicted with chronic illness see themselves faced with reduced or limited abilities and possibilities to carry out and get involved in physical and social activities (Aasbo, Solbraekke, Kristvik, & Werner, 2016; Boyle, 2009; Eriksson & Svedlund, 2006; Kralik, Telford, Price, & Koch, 2005).

Despite the fact that all chronic illnesses are permanent by their nature, Rolland (1999, 2005) emphasises them also to differ strongly from each other by their "onset, course, outcome, incapacitation, and the level of uncertainty about its trajectory" (Rolland, 2005, p. 2585). For instance, chronic illnesses can be either a) progressive b) constant or c) episodic/relapsing, based on the course of the illness (Rolland, 1999) which highlights the importance of considering chronic illnesses as individual cases. However, it has been also found out that even though chronic illnesses differ from each other they still often bear the same consequences such as "personal life strain, social relations, financial burden, and intrinsic rewards" (Baanders & Hejmans, 2007, p. 305). This argument emphasises the possible universal applicability of a particular case of a chronic illness to other contexts.

In our study, we focus on the chronic illnesses classified by WHO (World Health Organisation, 2017) and thus leave out other illnesses on purpose. Furthermore, within those chronic illnesses we are more precisely focusing on illnesses that have a severe, life-changing effect on the lives of the managing owners. Therefore, in this study the term "severe chronic illness" refers always to a chronic illness fitting to the typology of the WHO.

2.6 Family Science

To be able to address the purpose of this study, we draw upon established knowledge of other disciplines such as sociology and psychology. Researchers from these disciplines, among others, have done extensive work under the topic of family science (Jaskiewicz et al., 2017). Family science studies "describe how family-member relationships, family structures, and family events affect key individual outcomes such as personality, health, emotional well-being, and economic status" (Jaskiewicz et al., 2017, p. 2), which can have significant implications for management research. This is especially essential for family business research as the family and business systems relationships are intricately connected (Nordqvist & Melin, 2010).

2.6.1 Family Systems Theory

Family systems theory portraits the patterns which direct family-member interaction (Jaskiewicz et al., 2017; Patterson & Garwick, 1994). Family systems theory has been widely applied in family therapy, and origins in general systems theory (Michael-Tsabari & Lavee, 2012). Families' experiences of systematic changes, throughout the different life stages are described in the family development theory, such as the ABCX model (Jaskiewicz et al., 2017). By adapting and applying family systems theory in family business research, we are able to have a closer look at the business owning family, as well as make use of the insights acquired in family research to address the needs of family businesses (Michael-Tsabari & Lavee, 2012).

2.6.2 Dyadic Coping

Dyadic coping describes the process where both the ill as well as the caretaking partner are located in a context where individual coping efforts, appraisal, and adjustment efforts lie in relation to each other (Berg & Upchurch, 2007). In this study, dyadic coping is used to relate to different ways in which couples might collaborate when dealing with stressors,

such as support, collaboration, non-involvement, overprotection, protective buffering and control (Bodenmann, 1997). Dyadic coping considers that couples frequently share stressors (rather "ours" than "mine"), merge resources, and actively undertake shared coping efforts (Acitelli & Badr, 2005; Revenson, Kayser, & Bodenmann, 2005). This results in the circumstance where both partners may work on maintaining, as well as reinstating a state of balance in the individual, in the couple's relationship, as well as to other social partners (Aasbo et al., 2016).

When a couple faces a severe illness, they get challenged with the fact that considerable changes with regards to their routines need to be done to be able to adjust to the illness (Knafl & Gilliss, 2002). Knafl and Gillis (2002) highlight that with the diagnosis of a severe or chronic illness starts a time of considerable distress and alteration for both the ill person and their partner. Quickly the partner can feel overwhelmed by prompt demands of covering the ill person's responsibilities, making up for lost income, watching suffering, coping with the emotional reactions of the partner, and facing fears of loss (D'Ardenne, 2004). Difficult decisions with regards to the treatment must be taken, responsibilities within the household as well as financial providing shift, adjustments to the risk of a possibly life-threatening and permanent illness need to be done (Baider & Denour, 1999; J. D. Walsh, Blanchard, Kremer, & Blanchard, 1999). Furthermore, the couples roles, their social identity, and future plans need to be adjusted (Baanders & Hejmans, 2007; D'Ardenne, 2004; Eriksson & Svedlund, 2006; Rees, O'Boyle, & MacDonagh, 2001). At the same time, the healthy partner is worried about the impact of the illness on their own life (Revenson et al., 2005) and identity (Öhman & Söderberg, 2004). Additionally, illness might interfere with couples' communication with regards to specific topics that might be avoided, which all in all may lead to talking less, in order to not concern the other (Checton, Greene, Magsamen-Conrad, & Venetis, 2012).

According to Manne et al. (1999), the partner's behaviour plays an important role in the ill person's mood, indicating a negative effect on the ill person's mood when expressing criticism, and a positive effect when showing a supportive and positively-focused behaviour. Changes in the biographical circumstances caused by the illness possibly lead to frustration (Kuyper & Wester, 1998). Many caregiving partners feel on the one hand guilty that they fear losing their independence, but on the other hand, they often face a feeling of loneliness and isolation (Eriksson & Svedlund, 2006). Furthermore, feelings of guilt might

have an influence on the partner's coping with the illness, as these feelings can prevent the partners from relishing activities which no longer can be shared among the couple (Northouse, 1984). On the other hand, partners often also feel increased pride and gratification throughout the course of the illness and thus feel close to the partner (D'Ardenne, 2004).

Eriksson and Svedlund (2006) define three themes, which express the partner's actions towards reassurance and support, as a strive for normalisation, the battle of everyday life, and feelings of limitation. In their developmental-contextual model, Berg and Upchurch (2007) highlight that dyadic coping is an ongoing process with different phases which change temporally, depending on the respective life span, the stage of the illness as well as the daily dealing with dyadic stressors. Furthermore, broad sociocultural factors such as gender and culture (Acitelli & Badr, 2005), but also more direct contextual factors such as the nature of the couple's relationship and particular demands of the illness, affect dyadic coping (Berg & Upchurch, 2007). In addition, the importance of social support offered by friends and close family is valuable for the ill person and the partner to better adjust with the occurring stressors (Manne et al., 1999).

All these studies looked at the family perspective and the social, as well as medical implications of a severe illness on family relations. With our study, we want to include the additional element of carrying the responsibility of owning a family business. Not only does the family have to cope with the serious illness, but also with how to continue the family business and how to change and adapt the operations.

2.6.3 Family Coping

A chronic illness does not only affect the life of the patient and the possible spouse of the patient but the whole family (L. M. Wright & Bell, 2009; Årestedt et al., 2014). It can be stated that through a chronic illness the patient, the spouse, the family as well as their functioning are exposed to a new kind of pressure (Acitelli & Badr, 2005; Baanders & Hejmans, 2007; Årestedt et al., 2015) on "physical, psychological and social levels" (Eggenberger, Meiers, Krumwiede, Bliesmer, & Earle, 2011, p. 285).

As mentioned already with regards to dyadic coping, in general, coping with a chronic illness is an ongoing process starting from the moment a family member is affected by the illness as this is a moment from which on the old strategies do not work anymore in the

changed context but new ones need to be found (Årestedt et al., 2014). By discussing and learning about the illness and its effects, families start to find new ways to function and at the end can transform themselves from being a victim of the conditions to a creator of the conditions (Årestedt et al., 2014). Knafl and Gillis (2002) add to this by stating that most families, during the course of time, are also able to identify positive meaning within the experience of illness and include illness management in their everyday routine, in order to resume family life or to preserve an expected quality. This described family's development from a victim of the circumstances to a creator of them is notably similar with the adjustment of a patient to a chronic illness, as patients are reported to also first struggle with the negative effect of the illness but later regain their life back and find a place for the illness (Kralik, 2002; Paterson, 2001; Whittemore & Dixon, 2008). Moreover, coming back to the family's learning, Friesen, Pepler and Hunter (2002) highlight it to be crucial for the whole family to learn about the illness right from the beginning of the process to be able to better face the realities of it, adapt behaviour and learn to cope with it.

A chronic illness often evokes in family members a feeling of inner need to guard and shelter the patient suffering from a chronic illness (Eggenberger & Nelms, 2006). In practice, this means that families tend to deliberately utilise caring strategies of planning, monitoring and protecting to nurture the chronically ill patient and restrict the role of the illness (Eggenberger et al., 2011). This is also good as sometimes chronically ill patients tend to avoid asking for help even though they would need it (Whittemore & Dixon, 2008). Furthermore, Chesla (2005) argues families of chronically ill patients to be also required to continuously balance with the paradox of simultaneous losses and restrictions as well as chances and hopes in their lives. Moreover, Årestedt et al. (2014) emphasise that a chronic illness requires families to adopt an ambidextrous way of acting and thinking that considers not only the present moment but also the future and the past. Above all, these arguments underline the essentiality of realising the magnitude of the change, families are facing through a chronic illness. Furthermore, it is important to understand that there is not one comprehensive, detailed list describing how the lives of the families are affected by the illness.

Even though all the impacts of an illness on a family's life cannot be foretold, the existing research clearly acknowledges and highlights the key role of family members' beliefs and perceptions regarding the illness in managing the illness experience (Darr, Astin, & Atkin,

2008; Dela Cruz & Galang, 2008; Eggenberger et al., 2011; Rosland, Heisler, & Piette, 2012). Wright and Bell (2009), who are two of the most well-known researchers of the topic and the creators of the Illness Beliefs Model (IBM), argue that the beliefs can either assist, for instance, by encouraging healing and diminishing suffering or restrain and prevent positive outcomes. Rolland (1999, 2005) agrees with this by stating some beliefs to facilitate hope and enable positive outcomes, whereas other less desirable beliefs, e.g. including blame and guilt, can be highly toxic for families living with a chronic illness. Årestedt et al. (2015) identified several beliefs families have, for instance, about the place of the illness in the families' lives as well as its ominousness for lives of families. Moreover, families' beliefs include a tendency to perceive family itself as an important supporting entity which is strengthened under crisis (Årestedt et al., 2015). All things considered, the beliefs of families regarding an illness should not be overlooked as "family's view, perspective, and beliefs about their illness problems will determine how they will cope with their illness experience" (Årestedt et al., 2015, p. 222).

All in all, it needs to be understood that chronic illness is not only affecting family relations in a negative way but it can also be seen to have a positive impact, for instance, by bringing families together and making them to connect in news ways (Eggenberger & Nelms, 2006). Such a bonding and being a close entity are also vital as families' coping is shown to be improved if the family members share their experience and support each other (Årestedt et al., 2014). Also, being a family and having a special bond is often the power that helps family members to survive the pain caused by the chronic illness (Eggenberger & Nelms, 2006). Thus, even something as dreadful as a chronic illness can have at least a thin silver lining in a form of improved family relations.

2.6.4 Family Resilience

Regardless the efforts of different families, some families are reported to survive better from an affliction of a chronic illness than others. A family's ability to bounce back despite all the experienced misery and burden is called family resilience (F. Walsh, 1996). McCubbin and McCubbin (1988, p. 247) describe family resilience as "characteristics, dimensions, and properties of families which help families to be resilient to disruption in the face of change and adaptive in the face of crisis situations". Similarly, Black and Lobo (2008, p. 33) define family resilience as "the successful coping of family members under adversity that enables them to flourish with warmth, support, and cohesion". Family

resilience is very similar with the concept of family hardiness (F. Walsh, 1996) which is mentioned as a resource in some family system models analysing families' capabilities to survive a crisis (Mellon & Northouse, 2001). In some articles, family resilience and family hardiness are used more as synonyms (McCubbin & McCubbin, 1988).

Walsh (1996, 2002, 2003), who is one of the most cited researchers in the field of family resilience research, argues that the resilience of a family is not so much dependent on the family form but more essential are the right family processes. This means that resilient families have certain kind of belief systems, organisational patterns as well as communication processes that differ from families that do not exhibit similar resilience (F. Walsh, 2002, 2003). More specifically, resilient families' actions in regards to their belief system include attempts to make sense of the faced mishap, having a positive attitude about the upcoming and possessing certain kind of spiritual views and beliefs that help them to overcome the obstacles (F. Walsh, 2003). In addition, Walsh (2002) states resilient families to be flexible as well as to communicate in clear, emotions conveying way that helps them to work together to tackle the occurred hardship. The findings of Walsh are in line with the comprehensive review of Black and Lobo (2008) who found out that "prominent factors of resilient families include: positive outlook, spirituality, family member accord, flexibility, family communication, financial management, family time, shared recreation, routines and rituals, and support networks" (p. 33). These findings highlight the importance of looking at several factors when analysing families' resilience level and its origin.

Even though the key processes of resilient families are identified, researchers do not fully agree about the origin of people's individual resilience (F. Walsh, 1996). Some researchers have seen resilience to be something residing in the person itself meaning that certain individual traits may foster resilience (Kobasa, 1979), some have emphasised the role of family and raising as a resource and others have pointed out the essentiality of the received social support (Brooks, 1994; F. Walsh, 1996; Werner, 1993). On the other hand, Seery (2011) argues the resilience of an individual to originate from previous exposure on adversity on suitable level - meaning that too much or too less exposure will again have a negative impact on an individual's resilience. Based on these differing opinions, it can be assumed that there exist several ways of becoming a resilient person as well as that further research in the area is still required. Related to the need of research, Black and Lobo (2008)

point out the latest research of resilience to have mainly focused on studying family resilience due to its benefits, and to have disregarded the individual resilience and its muchly debated sources of origin.

2.6.5 ABCX-Model

Hill (1949, 1958) created the ABCX Model of Family Stress to help in the conceptualisation of families' adaptation to a stressful occurrence. Hill's original model consists of four variables: a stressor event (A), family resources that help in dealing with the occurred stressor (B) and family's perception of the stressor's seriousness (C) (Hill, 1949, 1958). Moreover, the interaction of these three determinates the degree of the last variable: family crisis (X) (Hill, 1949, 1958). In other words, the ABCX-model proposes that a stressful event's transformation to a family crisis is mediated by family's internal resources that help to cope with the stressful event as well as by the family's perception of the event. Thus, this model clearly acknowledges family's power in managing family stress (A) and emphasises them to have keys (B, C) to inhibit an occurrence of a serious family crisis (X).

McCubbin, Joy, Cauble, Comeau, Patterson and Needle (1980) notify us about the extensive variety of possible stressor events and propose that the stressors can be categorised under two categories: normative transition events and non-normative events. The normative events are related to the normal family life-cycle and include stressor events such as having children, children becoming independent and retirement (McCubbin et al., 1980). Non-normative stressors on the other hand focus on unexpected, less frequent stressors and vary from a war to occupational stress and health issues (McCubbin et al., 1980). Therefore, non-normative stressor events are the ones that are more valuable for our research purposes. Furthermore, as the stressor events vary, so do the family resources that support the dealing process and coping (Lavee, McCubbin, & Patterson, 1985). The resources can be either 1) personal resources such as self-esteem and skills, 2) family systems resource, e.g. family's coherence and communication or 3) social support, meaning support provided by people or institutes outside of the family (Lavee et al., 1985). According to Lavee et al. (1985) it is also worth notifying that the different resources do not affect the process in same ways: whereas family system resources have more or less direct effect on the process, social support resources are more affecting in the post-crises phase.

Hill's original ABCX-model (1949, 1958) has been tested and further developed by several researchers during the decades. One of the most important developments was accomplished by McCubbin and Patterson (1983), who modified the model to include also pre- and post-crises stages (Figure 2). McCubbin and Patterson (1983) argue that families very rarely deal with only the one current crisis but that they are also required to deal with other crises which creates pile-up demands (aA). Furthermore, the Double ABCX-model proposes that the family resources include not only already existing resources but also ones that are developed as a response to the stress (bB) (McCubbin & Patterson, 1983). Moreover, the advanced model includes a variable of (cC) that refers to the family's perception about the pile-up demands (aA), all resources (bB) and the crises (X) (McCubbin & Patterson, 1983). All these above described variables (the original ones and the new ones) lead to an adaptation to crises varying from a total inability to adapt to the stressor event (maladaptation) to a situation in which the family is effectively able to minimise the negative effects and successfully adapt to the change (bonadaptation) (McCubbin & Patterson, 1983).

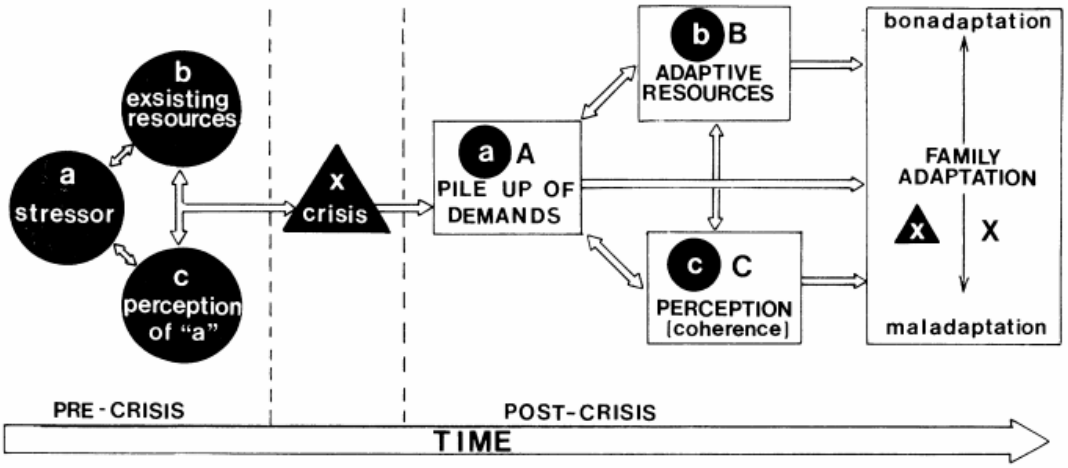

Figure 2: Double ABCX Model (Lavee et al., 1985)

Besides the Double ABCX-model, worth of mentioning is its process model version called Family Adjustment and Adaptation Response, better known as FAAR Model (Patterson, 1988). The FAAR Model (Figure 3) explains the process described in the Double ABCX

Model more simplified and emphasises that the lives of families are basically consisting of two phases, the adjustment and the adaptation phases, which are separated from each other by a crisis (Patterson, 1988; Patterson & Garwick, 1994). In other words, the adjustment phase describes a steady period in a family's life which is ended by an unbalance of demands and capabilities leading to a family crisis (Patterson & Garwick, 1994). The adaptation phase aims then again to rebalance the situation and thus rectify the stability and harmony between demands and capabilities (Patterson, 1988). Through its simplified process model nature, the FAAR Model especially highlights the role of continuous adaptation throughout family lives. Furthermore, the FAAR Model argues that well-adapted families are able to effectively function under chronic illness stress by continuously developing their capabilities to meet the new demands caused by a chronic illness (Patterson & Garwick, 1994).

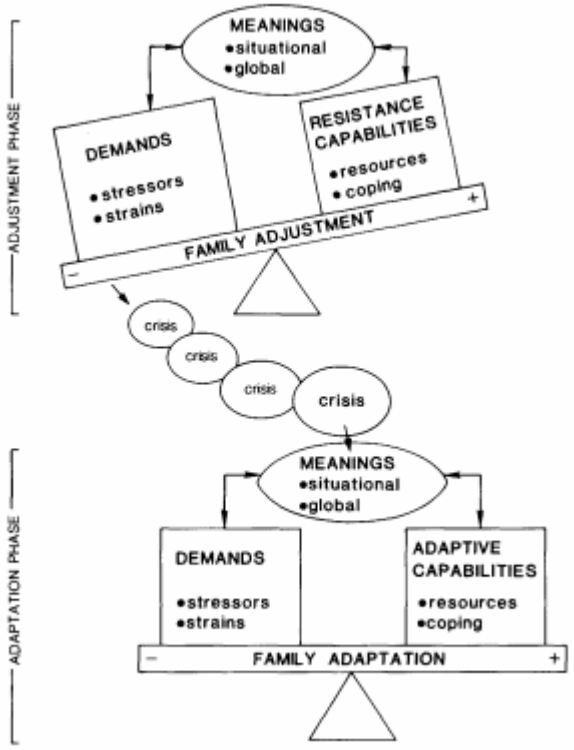

Figure 3: The FAAR Model (Patterson, 1988)

Hill's ABCX-model (1949, 1958) and its later modifications have an extensive list of benefits that supports its adaptation and use in the family business context. Firstly, the model was originally developed to investigate how families adapt to occurring stressful events by using their resources and perceptions and, thus, the model studies the same topic as our current research. Instead of only looking at the family, we are also interested in the implications for the family business. Secondly, the model's suitability to an organisational context has been widely tested (Jaskiewicz et al., 2017), which proves that it can be successfully applied to our purposes too. Thirdly, the ABCX-model has significant similarities to other family science models exploring, for instance, family coping with a chronic illness. For example, Mellon and Northouse's (2001) Family Survivorship Model that investigates families surviving and quality of life after cancer diagnoses, also is constructed around demands and family resources as well as mediated by the family's perception of those two variables. This highlights that the ABCX-model is in line with the other existing literature and thus applicable for our purposes.

The original ABCX-model (1949, 1958) and its various later versions (McCubbin & Patterson, 1983; Patterson, 1988) surely do not come without their weaknesses. Firstly, the ABCX-model and its empirical tests are often highly quantitative based which conflicts with our qualitative based research design that aims for exploration of new knowledge than testing an already existing model in a new context. Secondly, we see especially the Double ABCX-model to be a highly sequential model that separates differences phases to clear pre-crisis, crisis and post-crisis stages. We wonder how easy it is in practice, in a family business context for family members to identify the different stages of the crisis and especially count their pile-up effects to the actual current crisis. Furthermore, in our study we are focusing on stressor events that occur out of sudden (a severe illness) and thus, we see it as difficult for families to distinctly analyse the variables from the time before the sudden occurrence of the crisis. Thirdly, Jaskiewicz et al. (2017) also emphasise that even though the ABCX-model has its obvious strengths and benefits for management research, it is no panacea either. Jaskiewicz et al. (2017) point out that one of the issues related to the use of the model is that it considers stress always as a negative factor (McCubbin, Sussman, & Patterson, 2014) and thus ignores its proven positive effect (Del Giudice, Ellis, & Shirtcliff, 2011). Even though the ABCX-Model is suitable for our study purposes and beneficial, we have decided not to apply it directly, but rather to use its strengths as the basis of our theoretical framework. This theoretical framework is presented in the next chapter.

2.7 Theoretical Framework

Based on the theoretical perspectives presented before, our empirical research is guided by our conceptual model of coping with a chronic illness in a family business context (Figure 4).

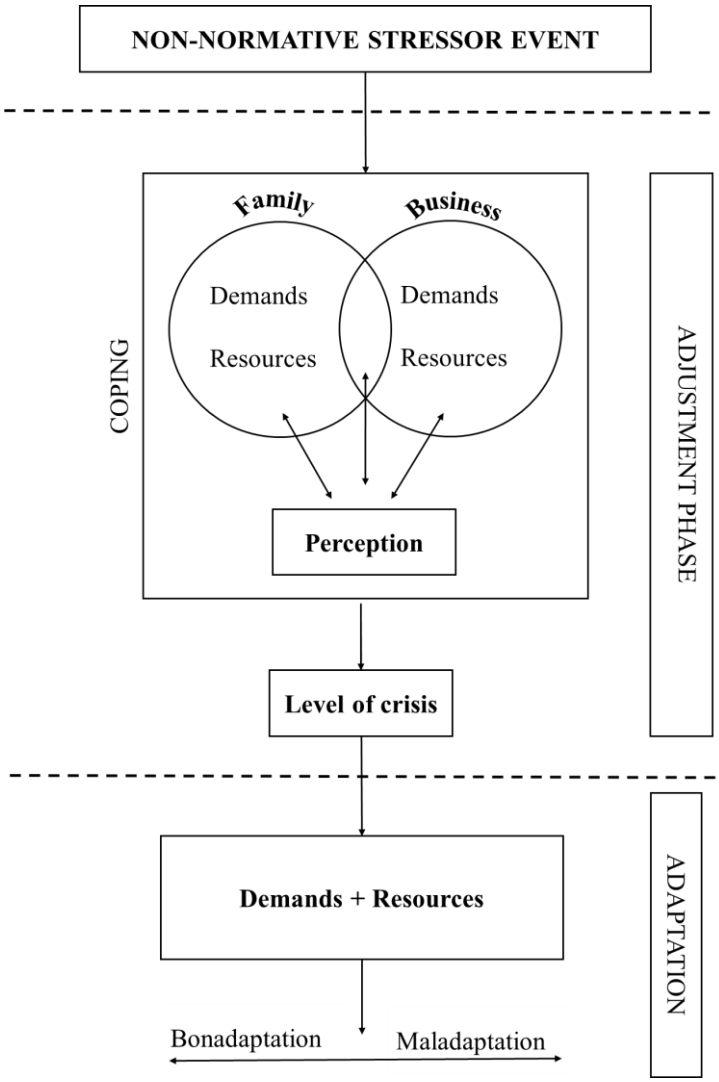

Figure 4: Model of Coping with a Chronic Illness in a Family Business Context

As our study focuses on analysing the effects of a suddenly occurred chronic illness within the family business context, our model starts with a stressor event. The stressor event in this model is a non-normative type as the stressor (a chronic illness) is unexpected and

sudden by its nature. The stressor event triggers the process of adjustment and adaptation within the family and the business, as well as directly influences the coping with the new situation.

The coping part in our model describes the resources and the demands which both the family and the business possess when the illness occurs. In other words, it sets the starting point for the family's and the business' coping with the new situation. Therefore, the coping part in our model draws on the literature of dyadic and family coping, as well as the Sustainable Family Business Model (Stafford et al., 1999).

Typically to family businesses, the model presents family and business as overlapping circles to highlight the connection of the two systems. Furthermore, it acknowledges that even though the two systems are connected and affect each other, they still do both bear their own demands and resources. For instance, family's resilience and available social support are resources of a family, whereas negative feelings, insufficiently working communication and beliefs about the illness can create constraints for a family's coping. Among the business system, the resources and the demands are naturally more business related and have much to do with the functionality of the business. For instance, the ill-gotten person's crucial and difficultly to replace role can create severe problems for the business, but on the other hand the existence of skilled employees, who are capable of taking over the tasks of the ill-gotten person, can rise to be a highly valuable resource for the business and its survival.

In addition to the resources and the demands of the two systems, the coping part of the model includes the perception variable. The perception refers to the family's beliefs about its personal and business related demands and resources. In our model, the bidirectional arrows between the perception and the different systems underline the ongoing, back and forth nature of the process.

In our model, the family's coping process is followed by the sense-making process of the crisis' severity. Based on the coping process involving analysis of the family's and business' current resources and demands, the family defines the severity level of the crisis. Does the stressor event possibly have only a small impact on the family business's performance or can it endanger the survival of the whole business? In this model, the identification of the crisis' severity is the final step within the adjustment phase before the adaptation phase.

Adaptation at the end of the model refers to the adaptation process the family business is required to go through due to the occurred stressor event. This part of the model refers to all the major and minor practical changes that need to be implemented as a reaction to the new circumstances. In other words, the family business tries to utilise its resources to effectively respond to the new demands. Furthermore, this part of the model emphasises that the family business' adaptation can vary from a bonadaptation to a maladaptation, which defines the chronic illness' effect on family business' performance and survival. Hence, a family business which survives the crisis and continues its operations without significant negative impact on its performance, is an example of bonadapation. On the other hand, a family business that does not survive is an example of maladaptation. As stated already, this is a continuum and family businesses' adaptation can be something between these two extremes.

Moreover, in regards with our model we want to highlight that we do not see the process as linear as the model may seem at the first look. On the contrary, we acknowledge the complexity of the process and back and forth nature of the process. Furthermore, we accept that not all family businesses react to a stressor the same way.

3. Methodology

This chapter describes our qualitative oriented methodological choices. We clarify our philosophical standings, introduce our multiple case study design, as well as disclose information regarding our theoretical sampling and data collection. To complete this chapter, we discuss ethical issues as well as the trustworthiness of our study.

3.1 Research Philosophy and Approach

Before going more into detail with the methodological aspects and design of our research, we want to clarify our philosophical standings related to the ontological and epistemological questions. In regards to the ontology, we see our standing to be the closest to the thoughts of relativism as we both believe there to exist several different possible 'truths' instead of one universal verity (Easterby-Smith, Thorpe, & Jackson, 2015). Similarly, we also believe that viewpoints and perspectives of a researcher do affect and have a significant role in the creation of knowledge. These points of view are in line with the relativist ontology and, thus, highlight the difference between our thoughts and, for instance, realism which believes in the existence of a single truth waiting for its reveal (Easterby-Smith et al., 2015). In other words, we see our ontological standing to be closest to relativism.

In social sciences, a relativist ontology is normally aligned with an epistemology of social constructionism also referred to as interpretivism (to be consistent, we use the term interpretivism in this study) due to their similar perspectives (Easterby-Smith et al., 2015). Following this tradition, we also see interpretivism to be the closest to our epistemological preferences. Typically for interpretivism, we are also interested in the thoughts, the experiences and the feelings of people, the meanings they give to events, and the way they communicate about them instead of focusing purely on frequency of patterns (Easterby-Smith et al., 2015). Furthermore, as mentioned already in the discussion of the ontological perspectives, we also see that we as researchers and observers are part of the observed situation and, thus, cannot be completely independent from the situation. Moreover, our main aim is to expand the comprehensive understanding of chronic illness' effect on family businesses' adaptation instead of mapping out the causal relationships between different

variables, which further highlights the interpretivism oriented epistemology of our study and sets us apart from positivism (Easterby-Smith et al., 2015).

Several facts also support the benefits related to applying an interpretivist philosophy. For instance, Nordqvist, Hall and Melin (2009) point out the interpretivist approach as a prominent key in driving family business research further, and emphasise interpretivism to be especially good in helping to thoroughly understand and analyse the complexity and the characteristic nature of family businesses. Furthermore, Nordqvist et al. (2009) underline the interpretivist philosophy to be advantageous as it treats family businesses as individual cases and thus acknowledges their heterogeneity. Moreover, Easterby-Smith et al. (2015) also argue interpretivist epistemology in general to be beneficial due to its flexible nature which accepts the use various data sources, and its fit to theory generation. In addition to the already highlighted need of deep understanding of our participants' experiences and feelings, these points further support the suitability of interpretivist epistemology for our research.

Naturally, we also acknowledge that our choice has its weaknesses and understand that our standing might, for instance, complicate the analysing of the collected data and make the conducting of the whole research more time-consuming and demanding (Easterby-Smith et al., 2015). Nevertheless, the lack of analytical tools and programs typically utilised in more positivistic research can also create challenges (Nordqvist et al., 2009). Along the way, we have also faced typical problems of gaining access due to our approach and topic (Nordqvist et al., 2009), which can be also counted as negative effects of our standing. Nevertheless, we see the advantages brought in by our approach still to be much greater than the disadvantages caused by it.

3.2 Research Design

As the above presented discussion of our epistemology already alluded, our study is a qualitative study meaning that our collected data is mainly in a non-numeric form (Eisenhardt, 1989). For our purposes, qualitative data is especially suitable as it is often applied for theory building in conditions where there does not yet exist any theory or the theory is inadequate (Graebner, Martin, & Roundy, 2012). Furthermore, as Graeber et al. (2012, p. 278) also underline, qualitative data is commonly applied "to capture individuals' lived experiences and interpretations" and, thus, highly applicable for our purposes. Moreover, typically for studies with interpretivism oriented epistemology and qualitative

design, our study adopts an inductive approach and, thus, aims to inducing concepts and models from the rich and broad data we collect (De Massis & Kotlar, 2014). This is also natural for our study as there does not yet exist any theoretical or conceptual models focusing on the topic we are studying. Therefore, a deductive theory testing quantitative study is not suitable for our topic of study.

Following Easterby-Smith et al. (2015) who suggest cases and surveys to be a common study design for a relativist ontology and an interpretivist epistemology, we have chosen cases as a design of our study. By their design our case studies can be categorised as an exploratory type of case studies as their "aim is to understand how a phenomenon takes place" (De Massis & Kotlar, 2014, p. 16) and they are utilised to study the organisational dynamics under a stress situation caused by a chronic illness (De Massis & Kotlar, 2014).

De Massis and Kotlar (2014) argue that in a correct way applied a case study can be a highly useful method that can be used to "describe complex phenomena, develop new theory or refine and extend existing theories" (De Massis & Kotlar, 2014, p. 16). Eisenhardt (1989) agrees with this and emphasises the case study method to be particularly suitable for research areas where so far no theory exists. Furthermore, Eisenhardt (1989) states the case study method to be advantageous for creating theory as often theories created by these means are highly testable, repeatable, strongly supported by empirical evidence, and less biased by the researcher than some more deductive approaches. In addition, the facts that case studies are the most utilised research design among qualitative studies in the field of family business research (De Massis, Sharma, Chua, Chrisman, & Kotlar, 2012) and especially popular design in small business research (Curran & Blackburn, 2001), emphasise the applicability of case studies as the method of our study. Nevertheless, we also acknowledge the criticism towards the case study method from positivistic researchers, who are concerned about the findings' trustworthiness and rigorousness in a case study research (Yin, 2014), and aim to take these concerns into consideration in the designing of our study.

In the designing of a strong case study research a crucial step is the process of setting the unit of analysis (De Massis & Kotlar, 2014). Easterby-Smith et al. (2015) describe unit of analysis as "the main level at which data is aggregated (…) [and clarify that] individuals, groups, events, organizations" (p. 343) all can be an unit of analysis depending on the study and its focus. De Massis and Kotlar (2014) also point out that some phenomena take place

on various levels, and in such cases it might be required to have several units of analysis. This is the case in our research, in which we are interested in the effects of the chronic illness not only on the family but also on the business level as well as looking at, how the coping with the illness affects other actors within the organisations such as employees. Therefore, our units of analysis are the owners' and their families, the business management and the employees.

3.3 Theoretical Sampling

Lee and Lings (2008) notify that researchers planning to apply a case study method are required to decide, whether choosing a single case or several cases serves best the purposes of their study, and helps them to provide answers for their research question. A single case study is in many cases more than enough to fulfil the needs of the research, but this method might cause problems in regards to the generalisability of the results (Curran & Blackburn, 2001). Easton (1998) adds to this that even though multiple case studies might increase the breadth of the findings, they can also force the researcher to settle between findings of different cases, and therefore, the use of several cases might hamper the depth of the findings. Nevertheless, Yin (2014) points out that the use of multiple case studies has lately risen in popularity, and that they, as a more robust method, can tackle many of the weaknesses of single case studies. De Massis and Kotlar (2014) clarify this statement by saying that the use of multiple cases allows the researcher to find out, whether a certain finding is only an idiosyncratic finding or applicable for several cases, and therefore make more veridical findings. Similarly, Bryman and Bell (2011) point out as the biggest benefit of multiple cases the ability to compare findings. Furthermore, Eisenhardt (1989, 1991) advices multiple case studies to be an excellent choice for building theory out of cases as they allow replication and extension over a single setting. Based on these arguments, we have chosen to look instead of a single case at multiple cases.

As multiple case studies are not the most puritan form of case studies, one can wonder, how do they exactly differ from a cross-sectional study design. Bryman and Bell (2011) have clarified this by stating the differentiating factor to be the level of focus on the case context and its uniqueness – if special attention is given to study these characteristics, a study can be categorised as a multiple case study and therefore as an extension of a normal case study design. If no real attention is paid to the context and focus is just on general findings, a study cannot be seen as a case study (Bryman & Bell, 2011). In our study, we are

aiming to look at each of our cases also as individual ones as well as to take their specific contextual features into consideration, which indicates that our research fulfils the criterion of the multiple case study method.

Different researchers' views and emphasis of them vary rather strongly in the sampling of case studies. Some of the differences between researchers' views can be explained by their varying epistemological standings (Easterby-Smith et al., 2015). For instance, whereas Yin (2014) strongly underlines the importance of replicability instead of sampling logic in multiple case studies, Lee and Lings (2008) argue it to be always essential for a case study design that there exists a theoretical reasoning behind the choice of the cases, to be able to provide answers for the research question. Eisenhardt (1989) as well as Eisenhardt and Graebner (2007) agree with the later view and highlight theoretical sampling over other typical sampling methods as the most suitable sampling for case studies that aim for theory and knowledge creation. De Massis and Kotlar (2014) sum up these differing views and highlight the sampling of multiple cases indeed to be tricky as both the replicability of the cases as well as the theoretical considerations should be simultaneously considered to guarantee the best possible results.

In line with the above presented standpoints of theoretical reasoning, our research question and aims also set some theoretical requirements for the sampling of our case studies. Firstly, we are focusing in our study on small size family businesses and entrepreneurial couples as we are interested in the interplay of the family and the business. Furthermore, in line with the findings of Sonfeld and Lussier (2008) we believe that in the smaller size organisations the magnitude of the effects of an illness is much greater than in bigger organisations, due to the more advanced professionalism in bigger organisations. In defining what we see as a small size business, we follow the guidelines given by the European Commission (2017), which categorises all businesses employing less than 50 people and having turnover/balance sheet total less than 10 million euros. Furthermore, organisations that employ less than 10 people and have turnover/balance sheet total of less than 2 million euros are called micro size companies by the European Commission (2017). We have decided to accept companies fitting to either of these categories to our sample. In defining what we consider as a family business, we follow the definition of Jennings et al. (2013) provided in our frame of reference. Moreover, as discussed in the frame of reference, we accept entrepreneurial couples as a form of family businesses as well.

Secondly, we are concentrating on cases in which one of the owners has faced or is still facing a chronic illness that fits the typology provided by WHO (2017). As we are only looking at illnesses with a severe, life-changing impact on the ill person's and family members' lives, we are focusing within the four main types of chronic illnesses (World Health Organisation, 2017) on cancers and cardiovascular diseases due to their commonness and severity.

As we are dealing with a rather strict timeline and sensitive topic in conducting our research, our sampling is also much of an ad-hoc nature. Easterby-Smith et al. (2015) describe ad-hoc sampling as a sampling method in which cases are chosen based on their availability and ease of access in conditions in which the quickness of data collection is required. In our situation, the restricted timeline for data collection has designated our need to choose the available cases that fit the above described requirements set by our research question. Due to the time issues, rather strict theoretical requirements and the access problems caused by our approach and topic, we have decided to not restrict our sampling more by focusing only on a specific industry or a specific country. Therefore, we have been looking for cases across countries and industries as well as aiming for the replicability of cases, of which importance is highlighted, for instance, by Yin (2014). Even though some might see the variation between cases as a weakness of our study, we believe this to be more of a strength as we are also able to look at the differences and possible communalities of countries and industries, and investigate the effect of those variables. Moreover, as there does not exist any research about our topic, we see that regardless possible small weaknesses of our sampling, we will be able to contribute to the theory with our research.

As mentioned, the finding of cases that fit our rather strict theoretical requirements as well as which are willing to share their experiences with us, has been hard. To gain access to cases we have used different channels. We utilised social media through the use of public postings and posting in applicable groups, contacted different associations and organisations on national and local level both in Finland and Germany, tapped the potential referrals of family members, friends and other acquaintances as well as searched cases from various magazine and newspaper articles written about the topic. In the end, three of our cases were found through our personal, family members' or friends' networks and the fourth case through a recently published magazine article. Table 1 displays an overview of our four final case companies, chosen based on the factors previously

described in this chapter. More detailed information of the case companies and the participants is presented in the data collection section, as well as in the empirical findings.

Table 1: Overview Case Companies

Case Company	Industry	Managing Generation	No. of involved family members	No. of employees	Revenue	Country
Company A	Agri- and horticulture	3rd	6	6	< 2 M	Finland
Company B	Hospitality	1st	2	42	> 2 M < 10 M	Finland
Company C	Retail	1st	2	1	< 2 M	Germany
Company D	Engineering and manufacturing	1st	1	6	< 2 M	Germany

3.4 Research Methods

According to Charmaz (2006), interviews provide the researcher with the opportunity to ask questions regarding a particular purpose, and explore in-depth a particular experience or topic. Gathering information through interviews enables us to get access to information in context, and to gain knowledge about phenomena otherwise hard or even impossible to observe (Nordqvist et al., 2009). Therefore, we build our case studies based on data collected through semi-structured interviews, observations during company visits and interviews, as well as secondary data. The formulation of our research questions requires a qualitative approach; thus, various qualitative methods have been conducted. With conducting qualitative interviews our general aim is to obtain an insight from the interviewee's perspective, which contains not only what their angle is but more why they have this particular point of view (King, 2004).

Due to the complexity and sensitivity of the research topic we regard a semi-structured interview approach as most suitable. Using the semi-structured format as an interview technique in qualitative research is frequently applied (DiCicco-Bloom & Crabtree, 2006), in the healthcare context (Gill, Stewart, Treasure, & Chadwick, 2008), as well as continuously growing within family business research (Nordqvist et al., 2009). We support our semi-structured interview with an interview guide which is based on a collection of predefined open questions, that steer the interviews but give the interviewer the possibility to react in a flexible manner to answers, change or add questions or even ask follow-up questions for more details (Kallio, Pietilä, Johnson, & Kangasniemi, 2016). A semi-structured interview supported by an interview guide is rather of a conversational nature, characterized by interaction, than a strict script of questions asked in a certain order (Easterby-Smith et al., 2015). However, an interview guide ensures that the interview stays on track and thus establishes the basis for gaining data in the designed scope. Through establishing a topic guide, we are able to present trustworthy and comparable qualitative data. Yet, we also accept that the use of a topic guide might on some level restrict the discussion, and thus be a shortcoming of semi-structured interviews. Nevertheless, we see the benefits of semi-structured interviews to defeat its shortcomings.

To add depth to our empirical data, we moreover conduct a participant observation. The object of the participant observation is to obtain an insider perspective which helps us to enhance our understanding of the interviewees' realities (Bernard, 2011; Nordqvist et al., 2009). Moreover, a chance is given of comparing with interviewees' subjective reporting (Easterby-Smith et al., 2015). Adding participant observation strengthens the use of other methods such as interviews, and supports triangulation purposes (Curran & Blackburn, 2001). However, in accordance with our interpretivist epistemology, we need to acknowledge the natural subjectivity of observations (Easterby-Smith et al., 2015). We aim to give clear accounts to the readers of our sense-making process, so it becomes visible what we have observed in our case studies.

To further add to the triangulation as well as to complement the obtained primary data through interviews and observations, secondary data is collected. Secondary data describes material and data which has been collected for another study and a different purpose (Goodwin, 2012). We assess newspaper articles, magazine articles, business performance reports, the companies' online presence, as well as customer online evaluations.

Based on the research topic as well as the family business context, interviewing family and non-family members of the business as well as people from different generations provides us with a broader understanding of the complex context of the family businesses (Nordqvist et al., 2009). To address the different interviewee groups, we have created four different guides for the interviews. The first guideline applies to the ill family business owner, the second to the partner or other family members, the third guide addresses the non-family employees, and the last focuses on an occupational therapist, who provides us with an expert perspective of severe chronical illness and their effects on the patient's life. The design of the questions in each guide is composed to gain in-depth data of the coping of all parties involved, their understanding of demands on them and resources available to them, their perception of the illness, as well as the illness's effect on the family business performance.

The beginning of the guide is developed to break the ice and to generate a comfortable and trustworthy atmosphere as well as to achieve personal background information of the interviewee and their role within the company. The ice-breaker questions for the occupational therapist focus on personal background, as well as the professional experience in the field.

In the following section, we describe the four guidelines with their different interview strategies for the general parts of the interviews. The complete interview guideline including all questions can be found in the Appendix 1.

(I) Guideline for Ill Family Business Owner

The interview guideline is designed to achieve a deeper understanding of how family business owners affected by severe chronic illness and their family carers deal with the illness and its impact on the family and the business. We ask open questions, related to the interviewees' experience of falling ill and coping with the new shifted circumstances, as well as their perception of their partner's and family members' reaction to the diagnosis. Furthermore, we inquire how they deal with the new demands and which resources they have or have had available to address these demands. The next section focuses on the perception of the level of crisis the illness means from a personal and business perspective. The interview guide ends with a section addressing the adaptation within the family business as well as the family business performance and future prospect. Based on the

chosen semi-structured approach, we can ask open-ended questions and follow-up if required.

(II) Guideline for Partner and other Family Members

The guideline for the partner and other family members is structured in the same way than the one for the ill family member, to compare the perceptions and experiences. However, the questions are adapted, so we are able to gain further understanding of the perception and experience of the partner and other family members.

(III) Guideline for Non-Family Employee

Non-family employees of a family business experience the illness situation from a different perspective and angle than family members. Nevertheless, their perceptions and point of views as stakeholders of the family business are valuable for a more comprehensive picture. Also, in this guideline, we stick to the same sections but concentrate more on their experience of the adaptation within the family business. Furthermore, as some of the questions in the previous guidelines are not applicable for employees, they are excluded.

(IV) Guideline for Occupational Therapist

The perspective of an occupational therapist, who is working with patients facing severe and chronic illnesses on a daily basis, gives us further depth in placing our research problem in context, as well as to make sense of certain material gained through the interviews with the other interview groups. The questions posed to the occupational therapist concentrate on gained experience with regards to patient's typical problems in continuing their business, as well as the family members' reaction to an illness. In addition, questions regarding family coping, effects on business and productivity of patients are asked.

For the participant observations, we take notes during all interviews, on the interviewees' reactions to certain questions, as well as the formulation of answers. Furthermore, we take the location and setting into consideration. By gathering this information, we are able to more thoroughly interpret observed verbalisations, emotions and behaviours in connection with the answers.

3.5 Data Collection

After our initial contact with the interviewees, in which we introduced ourselves and gave a brief description of our study, we sent a more thorough description of the study and its research purpose. Furthermore, we decided to also introduce ourselves a bit more, to create trust, as the topic is very sensitive and the participants shared very personal experiences with us. Providing this information gave the interviewees the possibility to make a more informed decision if they feel comfortable and capable of sharing their experiences with us. We decided to not send the whole interview guideline, as this could have led to a bias in the answers of our interviewees. By choosing not to send the interview guide we had the possibility to receive unbiased and significant findings.

The interviews were conducted in the period of March, 19 to 22, 2017 in Finland, as well as in the period of April, 6 to 10, 2017 in Germany. To carry out the face-to-face interviews we met in person with all participants at locations to the most convenient to the interviewees, due to the sensitivity of the topic but also because of some participants' state of health. The interviews of two of the case studies were conducted at the participants' homes, one was executed at the interviewees' company office, and the last case's interview was conducted at a quiet room of an occupational clinic. The interviews were conducted in Finnish and German for the various cases in the two respective countries, since these are the mother tongues of the different interview partners, as well as ours. Furthermore, the sensitivity of the topic asks for the ability to express oneself in an appropriate manner as a researcher, but also gives the chance to the participants to express themselves freely without thinking about how to formulate a thought.

All interviews were conducted in person, and each interview took between 25 and 85 minutes, depending on the interviewees physical and cognitive state. All interviews were transcribed afterwards. The face-to-face interviews gave us the opportunity to create a trustful and comfortable atmosphere, as well as the possibility to make sense of the gestures and mimic of the participants. Furthermore, this setting helped us to add to the triangulation, with gaining additional insights, by observing reactions and expressions of the interviewees.

Apart from conducting interviews and observations during the interviews, we utilised and analysed secondary data which compiles newspaper articles, magazine articles, business performance reports, the companies' online presence, as well as customer online

evaluations to add to the interviews. We gained access to the material through public databases, the case companies themselves, as well as online publications. Due to the case specific nature of the material we came to the conclusion to only use it for our own sense-making and to support our results gained from the semi-structured interviews. Besides our four case companies we conducted an interview with an occupational therapist, specialized in neurological illnesses, to get the perspective of a medical expert working with cases such as our case companies on a daily basis. The occupational therapist's experience helps us to get a further perspective on our findings gathered from our case companies. In Table 2 and Table 3 an overview of all the interviewees and their roles is presented.

Table 2: Overview of Interviewees from Case Companies

Company	Pseudonym	Position	Role within Family	Interview Date
FINLAND				
A	Arja	Managing owner	Wife, mother and caretaker	March, 19th
	Arto	Retired owner	Husband, father and ill fallen person	March, 19th
	Antti	Successor and manager	Son	March, 19th
B	Birgitta	Managing owner	Wife, mother and ill fallen person	March, 22nd
	Benjamin	Managing owner	Husband, father and caretaker	March, 22nd
	Bettina	Employee and Restaurant Manager	No family member	March, 22nd
GERMANY				
C	Claudia	Managing owner	Wife, mother and ill fallen person	April, 6th
	Christoph	Managing owner and technician	Husband, father and caretaker	April, 6th
D	Daniela	Retired owner	Wife and ill fallen person	April, 10th
	David	CEO (former managing owner)	Husband and caretaker	April, 10th

Table 3: Additional Interviewee

Pseudonym	Profession	Country	Interview Date
Ellen	Occupational Therapist	Germany	April, 10th

3.6 Data Analysis

For our data analysis we orientate on the perspectives of De Massis and Kotlar (2014) and Miles, Huberman and Saldana (2014) which highlight the importance of a systematic and explanatory data analysis process. Furthermore, we fostered a concurrent occurrence of data collection and analysis. We continually analysed the collected qualitative data by shifting back and forth between our data and a developing structure of theoretical reasoning's which answers to our research question and purpose.

We started by combining the interview transcripts with the notes taken during the interviews, as well as the collected secondary data. The notes captured general observations, displayed emotions, tone, as well as primary interpretations. To ensure that no information with regards to our observations got lost, we discussed our observations concerning our overall impression of the company and the interviewees, how openly the topic was discussed, as well as if their coping processes were still visible. This triangulation of data gives us the grounds to strengthen the credibility of our study. By summarizing the findings in narrative case descriptions, we prepared for the analysis by data reduction, with "selecting, focusing, condensing, and simplifying the collected material" (De Massis & Kotlar, 2014, p. 22).

After synthesizing and familiarizing with all data, we started with the first cycle coding, where we analysed the transcripts individually. The aim of the first cycle coding was to identify key terms and processes, relevant concepts, and themes. We applied a combination of In Vivo coding, using exact words of the interviewees as a code, and descriptive coding, summarizing the basic topic of a paragraph of our qualitative data (Miles et al., 2014). Furthermore, as the research topic addresses a very emotional and personal topic, emotion coding (Miles et al., 2014) was applied to explore the coping of all parties interviewed. We worked with the data until we developed a clear understanding of how the different concepts interrelate. This was continued until no new patterns were found in the data. To increase trustworthiness, we decided to only consider concepts mentioned by several

interviewees within a case. Following, our individual codes were compared and discussed in detail. Team coding helped us to sharpen definitions and supports the credibility and trustworthiness of our findings (Miles et al., 2014).

In a next step, we continued with pattern coding which helped us to group the previously defined codes to a reduced number of categories (Miles et al., 2014). With this step, we were able to put together the material from our first cycle coding to more compressed and meaningful elements of analysis. At this point we established our cross-case analysis to identify common patterns among the cases. Lastly, the identified patterns were bundled into high-order categories.

As our research looks at the occurrence of a severe chronic illness of the owner of a family business, we first analysed the stressor event and how the different actors perceived it. Next, we analysed extensively the perspective of the ill person's family and the business on the demands posed on the two components, as well as the resources which were used to cope. Thereby, we were able to identify significant factors essential for bonadaptation of a family business.

To further add to the trustworthiness of our findings, we include the analysis of our expert interview with an occupational therapist. After analysing the data of our case studies, the context of an occupational therapists helped us to get another perspective on the topic, and to strengthen or contradict the results of the cases studies. By adding the expert interview to the analysis, we aim to give an insightful context of the special environment family businesses in the case of an owner's severe chronic illness navigate in.

3.7 Research Ethics

Awareness of ethical issues may arise during all stages of conducting our research, therefore, ethical issues should be considered from the beginning until the end of the thesis (Easterby-Smith et al., 2015). Bell and Bryman (2007) identified a specific set of principles of ethical practice which have to be considered for the generation of valuable research. We regard ethical codes and principles as an important and serious part of our research, and therefore intend not to harm the research participants and the firms (Cooper & Schindler, 2008). When initially contacting case companies, we gave a thorough explanation of our research topic including sufficient background information to allow the participants to make an informed decision about their participation. To assure transparency and

voluntarism, we provided the interview participants with a rough outline of the interview structure prior the actual interview. By providing sufficient information to the interviewees in advance, we aimed to receive an informed consent of the participants. In addition, we ensured full confidentiality and protection of their privacy by anonymising the names of the case companies, as well as the individual interviewees, as illustrated in Table 2. Furthermore, all additional data received has been anonymised. We see these steps as absolutely essential to receive deep insights from the interviews, without worrying about traceability of the provided information.

Especially when dealing with a sensitive topic such as our research, absolute discretion and dignity towards the participants is of the greatest importance. Therefore, we handled the collected data with the utmost discretion and carefulness, by using secured folders to which only we had access. Furthermore, all names were replaced by pseudonyms, and all indications with regards to the identity of the participants and the case companies were anonymized in the transcripts right away. As the interviewees were sharing experiences and information of very private and often emotional nature, we made sure that the participants felt as comfortable as possible and that they, at any point of this whole process, had the possibility to decide what will be included in this work and what not.

3.8 Trustworthiness

Our aim is to conduct a study with findings that are not only novel and interesting but also trustworthy. In analysing the quality and trustworthiness of our research's quality, we are focusing on Guba and Lincoln's (1982) four judgement criteria: credibility, transferability, dependability and conformability.

The credibility criterion focuses on assessing, whether the findings, analysis and interpretations of the researchers are true and credible in the eyes of the data sources (Guba & Lincoln, 1982). In other words, credibility answers to the question: Do our interviewees agree with the findings and see them as believable? Guba (1981) points out that the credibility can be enhanced, for instance, by engaging with the data sources over long period of time, with triangulation of data, tenacious observation and peer debriefing. Due to the short time-span of this study, we were not able to engage with our cases over a long period, but we substitute it by working as a research team and exposing ourselves to each other's critique, and by observing the cases as individuals. Furthermore, we utilise the triangulation by supporting the collected data from interviews with observations as well as

with additional secondary data we have collected and been given. We believe that the level of our triangulation is on an adequate level and believe this to be a great contributor to the credibility of our study.

The transferability is concerned with the degree of the applicability of the findings to another context (Guba & Lincoln, 1982). Gioia, Corley and Hamilton (2012) argue that even though the most puritan interpretative researchers see findings to be always purely context bound, it is possible to also reach an adequate level of transferability over contexts, even with a small case based sample. To aim for this, in line with Guba's (1981) suggestions, we are applying a theoretical sampling to maximise the extent of the findings, and collect, as well as present in our study, "thick" descriptions of the contexts in which our cases are situated. We see these actions to strongly support the transferability of our findings over the observed cases, and thus help us in enhancing the trustworthiness of our study.

According to Guba (1981), the criterion of dependability centres around the concerns regarding the stability of the data. As methods to support the stability of the data, Guba and Lincoln (1982) suggest using methods that overlap, stepwise replication and audits investigating the dependability of the research. Due to the scope of this research, we concentrate on using the overlapping methods (interviews, observation and secondary data), and providing of clear descriptions of the steps we have taken in our study. We believe that the transparency in our actions makes it possible for other researchers to follow the same steps, and therefore, base their research upon ours.

As methods to guarantee the confirmability of the findings, Guba (1981) suggests again the use of data triangulation as well as a reflective approach in which the researchers clarify in their study their philosophical standings and their effect on the research's design. Furthermore, Guba and Lincoln (1982) highlight it to be essential that an external person is able to trace the interpretations back to the collected data, and that the findings are meaningful. As stated already, we are practicing a high level of triangulation, as well as have tried to reflect on our ontology, epistemology and their common impact on the formulation of our research. We also see that the narrative style case summaries we provide in the empirical findings section, enable the reader to trace our interpretations back to the data level. Moreover, we see that working as a research team has further enhanced our analysis, and made our analysis reliable.

4. Empirical Findings

This chapter focuses on our empirical findings. The findings are presented in the form of narrative case summaries, creating a deeper insight and building a rich basis for our analysis. In addition, the experience of an occupational therapist is provided.

4.1 Case A

4.1.1 Family and Family Business before the Illness

Case A portrays a very typical Finnish family living in the province of Southern Finland. The family includes two parents and their four children. The mother, Arja, and the father, Arto, were both healthy and sound entrepreneurs in their mid-forties at the time of the illness occurrence. At that time their three sons and one daughter were all living at home and were in their preteen or teenage years. The youngest son Antti was only 11 years old at that time. All four children were before the illness occurrence more or less involved in the operations of the family's agricultural and horticultural business.

Family mother Arja describes their family to have always been very close and coherent. The tight family ties also extend to grandparents from both maternal and paternal side. Especially worth of notifying is that the parents of the family father Arto were before the illness occurrence and are still nowadays living next door to Arto's and Arja's home. This means that the grandparents are living close to the family business' operations and the family. Furthermore, the foreign employees live in one of the buildings in the yard area of the family farm. Therefore, the family, the grandparents and the employees all form a rather close community already due to their living situation.

The city the family has been living in their whole lives could be described as a very typical middle sized Finnish city with no extraordinary characteristics that would distinguish it from other similar municipalities in Finland. The family business and the family home are located just outside of the city centre but in very close proximity to all the basic services one needs. Mother Arja describes that before their illness the family and the couple spent their free time often by caravanning, travelling and going dancing. Arto and Arja were also both actively engaged in various activities organised among farmers and entrepreneurs.

As stated, before the illness occurrence Arto and Arja were running a business focusing on agriculture and horticulture. Arja and Arto, both with an educational background in agriculture and horticulture, had been responsible for the business since the succession from Arto's parents' in 1992. Thus, Arja and Arto are the third generation to run the family farm. Before the illness, the family business was growing different root vegetables, dill, peas and grain in field area of around 100 hectares. In the greenhouses located also in the yard of the family farm, flowers were the main article of production. In addition to the primary production in the fields and greenhouses, the family business had their own packing facilities in which they processed and packed their root vegetables for further selling to a big national whole seller in Finland. Furthermore, one part of the business was the sales of both flowers and vegetables in several market places within around hundred kilometres from the family farm. The family farm employed in addition to the two entrepreneurs 6-7 employees around the years as well as additional seasonal employees involved in the market place selling and other temporarily tasks. Before the illness the packing operations of the farm were run by an employee, Aki, who had been in the business already for more than 20 years.

Arja and Arto had a clear division of tasks and areas of focus within the family business. Arto was the one responsible for fields, machinery as well as all the administrative tasks related to the operations of the farm. Arja on the other hand was responsible for the greenhouse production and managing the market place selling. According to Arja's description this division was very clear and, thus, she was not anyway competent in the areas for which Arto was responsible. Furthermore, worth of notifying is that the family business had been growing before the illness occurrence and the managing owners had just recently made new investments to new fields and buildings. The farm had also been transformed to a limited liability company in 2007.

4.1.2 Stressor Event – Illness

During the night of 25th October in 2009 the life of the case A got a sudden turn as a blood vessel on Arto's neck abruptly ruptured. Arja describes the night's events:

> *"Everything happened so fast during the night. It was the day when the time was changed from summer time to winter time. That is also the reason why I in the ambulance and also still later mixed up what was the right time."*

This sudden blood vessel break down damaged the blood circulation to Arto's brain and caused a permanent cell death in some parts of the brain. In other words, Arto suffered a stroke which took away his ability to move, speak or write. Even swallowing had to be learnt again. The stroke kept Arto for over 4 months in hospital treatment in three different cities. Arto himself states that he was very satisfied with the treatment he got and describes the medical staff as very friendly. Furthermore, the stroke damaged Arto's brain so badly that in one point the medical staff wanted to claim Arto as legally incapacitated, which at the end was cancelled after Arja's strong objections and reasoning against this process.

After the four months in different hospitals, Arto got home but the health problems were not over yet. Arto still had to go to different rehabs and therapy sessions to get in better shape and to enhance the healing. Moreover, after his stroke Arto has been suffering from epilepsy due to which he has been taken several times by an ambulance to a hospital. In 2014, Arto suffered from a severe, long-lasting epileptic shock and was taken again to the hospital. Arto fell into a coma for five days and had to again fight for his life. As typically for patients connected to medical ventilators, Arto got also pneumonia and had to stay in hospital treatment for a long time. This second stronger collapse was naturally a shock for the family too. Arja describes the situation as follows: *"This again showed that something can always happen. I said to myself there in the hospital that why did I think that everything was good again"*. The quote highlights the seriousness of the situation and emphasises how the constant set-backs and crisis have harmed the family's trust in the future. Arto also states that his family has been very worried about him but he himself has had no stress but rather a relieved feeling since his stroke.

Today Arto is living back home and is retired due to the shocking events. Arto has gotten back his ability to speak but his speaking is still intermittent, he forgets words and he has problems to formulate questions. Still based on our observations Arto is very interested in farming and has still a lot of knowledge about the business field. He is also able to walk well and has gotten back his driver's license which have both improved his independency. This year it will be already eight years from the dramatic and sudden nocturnal events of 25th October. This also means that even though Arto still has his strong medication and his condition varies a lot between days, the illness is not seen by the family as acute and

critical as earlier. The youngest son's Antti's answer regarding his reactions to Arto's illness and their change process along the time summarises this well:

> *"This is so daily life. I really cannot say how it has changed. It is weird to imagine that Arto would be healthy... It is difficult to say. He has been so long time already ill so I do not remember how he was when he was healthy".*

4.1.3 Family Coping

For the family and the family members personal coping, Arto's stroke as well as also later problems related to the epilepsy, have naturally caused enormous demands and challenges. Antti describes the multitude of the challenges caused to their family as follows:

> *"The daily life. That Arto wakes up. All the breakfast and goes to bed and so on. In the beginning, we were naturally more keeping an eye on him and we could not go all at the same time somewhere as we did not dare to leave Arto alone. There was the whole time the fear of a new attack of the illness so we could be ready. All the small things in the daily life. Even the simplest ones".*

Arja also agrees with Antti and confirms that the fact that Arto needed a lot of assistance in the beginning was one of the biggest challenges for them. Arja also emphasises the scariness of the time as one of the most notable things for their coping. Arja thinks that the beginning must have been a very scary time, especially for their children but that at the same time the illness made the four kids to grow up extremely fast and taught them to take responsibility and act independently. This growing up fast is also pointed out by Antti who states that due to the situation he on some level jumped over his teenage years straight to the adulthood. Arja says that she also had a bad consciousness that her children were so involved with their father's illness and that they had to grow up so fast.

The daily problems, the need of high level caring and the fast growing up of the children were not the only demands the family faced. Arja describes that they had a lot of challenges with the Finnish authorities responsible for the rehabs and other treatments. When asking if the authorities offered them some help to cope, Arja says: *"No. You need to get all the help yourself. You needed to even fight for it".* Also, the medical staff's intention to claim Arto as legally incapacitated was another event that Arja mentions as an example how the authorities' actions actually more harmed than helped them to cope. Moreover, Arja describes that she had difficulties to give people a realistic picture about their situation and

Arto's state of health. Furthermore, Arja states as another issue the difficulty to ask for help from others. She mentions that even though all the people said that she should just ask for help if she needs, it was not that simple. Often people still refused and after couple of negative responses, she did not anymore dare to ask for help. Therefore, the family has got along mostly by using their internal resources: the older children did grocery shopping and helped in domestic tasks. Also, Arja and Antti both state the grandparents living next door as perhaps the biggest resource that has helped them going on. In addition, some friends along the years have been a valuable resource and a source of help for them. Only in the recent times, the family has decided to take some external help in the form of cleaning and medication dispensing services to ease their daily life.

4.1.4 Business Coping

In addition to the personal issues, the family was challenged even more severely by business related challenges. As Arto had been alone responsible for the management of all field work, machinery and the administrative tasks, his absence caused tremendous challenges. Arja, her children and their employees were in a situation in which they had no idea how to do things without Arto and his knowledge. One of the problems right in the first days was the paying of the employees' salaries. Arja describes that she had never used the program to calculate the salaries of the employees neither or paid anything in online bank. According to her, there were several similar problems which were related to their lack of knowledge due to the earlier strict division of tasks and areas of responsibilities. Antti also describes the level of these challenges as follows:

> *"All the crop rotation, the leased fields. As Arja, did not either really know which fields one should inquire and from whom. Where are the good fields, and what are more like questionable fields, and when there have been last time carrots in this and this field area. (…) Also, as we did not remember all the landlords so we lost some fields to other farmers. Yeah also, all the fertilizer orders and things. We only knew some most common names of the pesticides but we did not know the doses."*

As Antti's comment emphasises the family's problems were not only related to technical and farming related problems but also to loss of networks and connections through Arto's illness. However, both Arja and Antti also strongly highlight the amount of help they got from their work connections. Both give several examples, how landlords, a bank manager, farming authorities, sellers of agricultural machinery and equipment as well as other farmers were of great help. For instance, a farmer sent his wife to the farm to teach Arja

and her children how to use the computer programs used to pay the employees' salaries. A selling person from a local machinery store came to show their employee Aki how their spraying machine works and another selling person helped them with the pesticide orders. Some of these people were not even asked to help but they volunteered themselves. For example, a farmer from whom they just recently bought land, called Arja and asked for the keys for their tractor to be able to finish the cultivation of a field that was left unfinished from Arto. Similarly, their local bank manager contacted the family and informed that he will take care of all their banking matters and oversee that everything will go fine. Furthermore, Antti points out that also their customers, the whole sellers, were flexible and understanding in regards to their situation. Based on the various examples it becomes clear that the family got much crucial help and flexibility from external people in their business coping.

Another essential resource for the business were its employees:

> *"Employees were worth of gold. They did everything independently and without them everything would have gone bad. They were very well along and took new areas of responsibility as I was every day in the hospital. They were important, yes."* (Arja)

Both Antti and Arja highlight how the employees were one of the most important resources they had. As Arja describes the employees took new responsibilities and worked independently to help the family business to continue. Especially the role of the long-term employee Aki is highlighted by Arja, Antti as well as Arto. Aki independently ran the packing operations as well as took over new responsibilities, for instance, in the field work. Antti also mentions that after the illness the attitude and the behaviour of many employees changed. For instance, Aki used also his free time for work, came to take care of things on weekends as well as had more *"an entrepreneurial attitude"*. Thus, without a doubt employees and their extra efforts were another essential resource that helped the business to cope. Furthermore, the interviewees highlight that the children's and their grandfather's work input should not be forgotten either, and therefore they can be seen also as extra resources that helped the business to cope.

Even though the crisis was severe for the family business, Arja underlines that for them quitting or selling of the business was never an option as Antti was already at the time of the illness a motivated and interested future successor. In addition to this, Arja says that

their loans, responsibility for the employees and her rather young age were reasons for them to continue the business. Also, Antti points out that as the business was growing before the illness and as new investments had been done, quitting of everything would not have been smart. Both Arja and Antti also emphasise the intertwined nature of their business and personal life as well as the family legacy as reasons to continue. Even though, it was clear for the family to continue their business for several reasons, some external people did not understand, and made comments which implied that Arja was a greedy person who has not learnt anything from the events. Arja herself does not understand what mandates people to make such comments about her and their situation.

Arja sees that for Arto all these changes, the fact that he lost his role as the leader and was replaced by others, were hard. Arja sees that Arto also lost his spot in the "inner-circle" of the farmers which was hard for him as well. On the other hand, Arto himself does not imply anything like this but more emphasises Antti's and Arja's importance for the business and that he has never had stress about the business after his illness occurrence. He even mentions selling of the business as a possible option in the case that it is required.

4.1.5 Adapted Family and Family Business

The family of the Case A survived the beginning's dramatic moments rather well and is according to Arja still very coherent and close. Even though the majority of the children are not anymore living at home, they still visit their home and grandparents several times in a week. The coping with Arto's illness has also got easier as Arto's health has improved and he has become more independent. Nevertheless, the family is again under a new challenge as the mother Arja was diagnosed with a burnout at the end of the last year. Due to the illness, Arja has been already for a longer period on sick-leave and been forced to take some time for herself. Arja describes that all the events and her illness have made her less social compared to the time before the illness. Furthermore, the couple has been forced to give up their earlier hobbies and activities due to Arto's illness.

Already for couple of years and especially now after Arja's burnout, the responsibility over the farm has been transferred to Antti who is expected to succeed the farm in the next years. At the moment, Antti is managing the farm and being responsible for all the activities his father used to be. For instance, Antti is doing all the administrative tasks and is responsible for the selling of the products. Antti's sister is also working full-time at the company and is having an important role in the packing site as well as in running the

greenhouse production. The family's key employee Aki is also still working at the farm and acts as the manager of the packing operations. As mentioned already Arja herself is currently on sick leave and Arto is retired. Thus, it is easy to state that the responsibility of the farm has moved on for the 4th generation. Furthermore, important is to notice that again the family business tasks have been shared strictly between different actors and much of the strings are in the hands of Antti now. Arja also points this out by saying that she realised in the time of Arto's second collapse that they have again done the same mistake and that they have not learnt anything from the earlier events. Arja sees knowledge sharing within the organisation to be one of the most essential things. However, Antti does not see this as such a big problem but states that he as the leader wants to have an overlook over everything, and thus, has taken much of the responsibilities for himself.

Based on his own and Arja's description, Antti has always been a motivated as well as qualified successor for the family business. Antti has an education in agriculture, several years of work experience and is highly interested to develop the family business in the future. Even though, he has according to himself been always eager to take responsibility, and continue the family business, he thinks taking over the business in his age (19) as rather early stage. He always thought that in this point he would still be working next to his father and would be just now learning tasks he has been doing already for years. He also acknowledges the fact that he will have a very long journey ahead of him to run the family business. In other words, it can be argued that Arto's illness clearly sped up the succession process.

Arto's illness was a big hit for the company which was also visible in their performance. As described already in the coping part, the family business faced several challenges due to which for some years the area of farmed fields had to be reduced. Also, the family business gave up growing of peas and dill as well as stopped the market selling of vegetables. The growth in the business before the illness declined right away after Arto's illness and continued to decline after that for couple of year. During the last years the business has been slightly growing again, and currently the family business is in numbers on the level of the pre-crisis. This means that it took for the family seven years to return to the level before the crisis. The number of the employees has not changed during this time.

All of the interviewees state that the family business survived from the illness and challenges caused by it very well. Antti states that he does not see anything they could have

done differently and adds that this was their maximum performance, and that a bit more of tasks could have turned everything upside down. Furthermore, Arja also states to feel a certain kind of pride that they made it and is sure that they will also make it in the future. Antti believes in the future too and explains that he has always had trust in them and their survival.

4.2 Case B

4.2.1 Family and Family Business before the Illness

Case B presents also a very typical Finnish family living in a big city. The family consists of a father, a mother and their three daughters. At the time of the illness occurrence the mother Birgitta was in her mid-forties and the father Benjamin in his mid-fifties. The three of their daughters were all in their teenage years. The oldest one of them had just moved to Germany to study hospitality management. The other two were still living home. The three children had not had a very active role in the business before the illness, only some holiday jobs and filling in had connected them to the business.

Birgitta and Benjamin had met each other through their studies already more than twenty years ago. Before starting their current business, both of them had studied forestry engineering and had worked their whole lives as entrepreneurs in different businesses. Benjamin had a long experience in different businesses in the area of his studies, but Birgitta had instead of that been selling beverages and running a café. Thus, Birgitta already had several years of work experience in hospitality before the couple after long negotiations purchased the hotel-restaurant from its previous owner in 2006.

The purchased boutique hotel is located in one of the biggest cities of Finland and had already a long history of operating as a hotel-restaurant. Birgitta and Benjamin did not do any major changes in the hotel after the purchasing but kept on running its 26 rooms and restaurant. However, Birgitta adds that they slightly redefined the hotel's concept to have uniquely designed rooms and a very nice fine-dining restaurant. At the time of the illness occurrence, Birgitta was running the hotel's operations by acting as the hotel director and being responsible for the sales, whereas Benjamin had a minor role and was mainly responsible for the hotel facilities. The hotel had around 20 employees, including a restaurant manager, a front office manager and a head chef who all were accountable for their own departments. The couple had been thinking of expanding their business as well

as thinking about reorganising their roles in the organisation, but had not proceeded with these plans anywhere.

4.2.2 Stressor Event – Illness

Generally healthy and in sporty hobbies interested Birgitta had already for a longer time ambiguous upper body/back pains. Birgitta felt also *"very worn out"*, weird and that she did not even have power to go for a walk. The pains were varying, some days being better than others. These feelings and pains were also visible at the workplace as the restaurant manager Bettina remembers them clearly too. Birgitta also searched for medical help for her problems. She was first given physiotherapy which did not help her. Once, after a strong sudden back pain Birgitta decided again to visit an occupational health care to find out what is wrong. After electrocardiograms, lung x-rays and other tests, nothing was found.

On March 3rd in 2014, Birgitta was feeling again very tired and painful at work and decided to go home earlier to rest. When Birgitta was resting at home she thought that she needs to become better soon, because otherwise she was afraid to get a burnout or another severe illness. During the following night, her situation got a sudden turn that ended up changing her whole life. Birgitta describes the nocturnal events of the 4th March as follows:

> *"Then in the night I got this horrible sudden attack, like in movies where they put people in electric wires. Like that the electricity started to go through me. I just screamed that "I will die now" and my family was wondering what is happening, and then it went kind of over and I realized that I am paralyzed and cannot move at all and that I do not feel anything under my chest."*

Birgitta's shocked family called an ambulance for her and Birgitta was taken to the hospital for further examination. From the taken MRIs it was rather quickly found out that Birgitta had a tumour in her 4th vertebra. The tumour had already almost eaten out the 4th vertebra which had made it to collapse and caused a spinal cord injury. In further examination it was found out that Birgitta had a myeloma which had also grown the tumour in the spinal cord. Birgitta's tumour was operated away and she was given radiation therapy to get rid of the areas where the cancer had spread. Luckily, the treatments given against the cancer worked quite fast and Birgitta's health started to improve. Nevertheless, Birgitta describes the events as *"a horrible shock"* and underlines the criticality of the situation as it was unclear, whether she will survive or not.

Birgitta won the fight against the cancer quite soon and since then the cancer has not shown any signs of return. However, Birgitta acknowledges that despite this, the cancer is still a chronic illness and understands that the myeloma can return later again. Therefore, Birgitta also needs to regularly visit control check-ups to be up-to-date with the situation. Although the cancer is not a visible part of Birgitta's daily life the spinal cord injury caused by it is. The paralysing caused by the tumour kept Birgitta for altogether 6 months in rehab both in their home town as well as in another city. The long rehab and later treatments worked out well and Birgitta has gotten back her ability to move. Birgitta tells that her moving has been constantly improving and now she can independently move and does not need assistance. This is a big difference to the prognosis given to her by doctors who were sure that Birgitta will never again be able to walk.

4.2.3 Family Coping

In Birgitta's case notable and rare is that instead of one illness she was forced to face two illnesses at the same time. Birgitta also talked about this a lot in her interview and analysed her feelings. The following quote summarises her thoughts and emphasises well:

> *"Later on you think… like usually you fall ill with one illness on time but for me came the cancer and then the paralysing, the spinal cord injury. So, I did not really think about the whole cancer thing as it was not so concrete. More I had to think how will I cope if I cannot ever move again. How do I learn to use a wheelchair? How do I survive that?"*

As the quote indicates, for Birgitta worse seems to have been the loss of her ability to move. This also might be partly due to the fact that her cancer quite quickly reacted to the treatments, and it was clear rather fast that she will survive the cancer. Furthermore, based on the discussion with Birgitta we got a feeling that Birgitta is on some level acrid that the medical personnel did not find her cancer, even though she several times looked for help. She thinks that she should have just more firmly insisted on more thorough examinations. Moreover, Birgitta points out the rarity of her case. Usually a myeloma is an easily treatable cancer that does not grow tumours in the spinal cord like hers did. These facts also help to understand why Birgitta might feel acrid as well as to understand the difficulty of the process she has gone through.

Birgitta thinks that her illness was a shock for the whole family and especially for the children. She also states that her children's reactions varied a lot. Whereas the youngest

daughter has always had a very realistic and positive approach to her illness, their middle daughter has said that she has been traumatised by the events of the dramatic night. Benjamin agrees with Birgitta and adds that for him personally worst was to inform their daughter, who had just one month ago moved abroad to study, about her mother's state. Benjamin himself says that he was surely also shocked, but seems otherwise to have been able to cope with the situation well. Birgitta confirms this and states her husband to have assured her that they will survive this as also his parents had well survived with his father's severe war invalidity. In other words, even though the situation was dramatic and shocking, both Benjamin and Birgitta had the whole time trust in their survival and coping with the situation. Moreover, Birgitta also states that the illness and coping with it has made their family even tighter.

Birgitta describes as the biggest challenges for their living the daily problems related to her moving disabilities. Their contemporary home was divided in several floors, which resulted in the fact that they had to move out from their home to another house for a while. Later when Birgitta's moving improved they could return to their home. Moreover, Birgitta describes the development of her moving abilities to the level on which she was able to get to work herself, as one of the most important steps along the coping process. Birgitta states that her friends, mother and sister have been a resource in her process of coping. Furthermore, she adds that she has had in no point any interest to consult a psychologist or any similar person for help.

4.2.4 Business Coping

The coping process of the business started right away on the 4th March. Benjamin who now had to step up as a leader, held an information meeting for the employees and told them about the dreadful events and Birgitta's current situation. Benjamin states that he wanted to take control right away over the business matters to avoid confusion, reduce uncertainty among employees and to be fully able to concentrate on private life matters. He also clarified to the managers that they are in this new situation required to take even more responsibility and take over new tasks. Benjamin believes that he succeeded well in his actions to make sure that the employees did not need to worry about anything. He thinks that Birgitta's absence was more of a personal shock for the employees than something that would make them to feel afraid of losing their job. As a reason to this Benjamin gives his existence, and adds that in the case Birgitta had been running the business alone, the

situation would have been completely different. Bettina who already then worked in the organisation as a restaurant manager agrees with Benjamin that many employees took the illness as a personal shock and thus started to think about their own lifestyles. Furthermore, she states that among employees some level of uncertainty and feelings of unsafety with regards to the continuity of the business was experienced. She thinks that some of the employees also missed Birgitta as a person as she is very liked by her employees, can be characterized as a motherly leader and differs very strongly as a leader from Benjamin who is more a man of performance. Nevertheless, Bettina confirms that Benjamin kept everybody very well informed and fostered a good information flow right away from the beginning. Also, Birgitta states that Benjamin's rapid and clear actions have gotten much appreciation from the employees. Benjamin states that for him stepping in was no problems as he had already several years of work experience as an entrepreneur and manager from his earlier businesses.

Benjamin also describes that already within the first week, the whole management team went to see Birgitta in the hospital, as well as held a meeting there. Birgitta was already then feeling a bit better and could inform the managers and her husband about the urgent matters and things that were in process or needed attention. Within two weeks from the dramatic events, Birgitta started to work from the hospital. She describes the reasons for that as follows:

> *"The staff survives, they do not need me here acutely. But my husband was not so familiar with the hotel property management system, so all the reports, and I started to have a look of those as he did not know those. All the invoicing and so on."*

As Birgitta's illness was more of physical nature and had not affected her cognitive abilities, her working abilities stayed the same and she could help Benjamin who had to learn new things. Furthermore, Birgitta and Benjamin both think that getting quickly back to work and getting something new to think about, were essential resources for Birgitta's coping.

All the interviewees underlined the clear division of tasks and responsibilities among people in the organisation before, during and after the crises. Benjamin states that the company has been intentionally managed the way that not all the responsibilities are concentrated on the entrepreneur, but that the managers are responsible for their own departments. Benjamin underlines the style of distributing power as the strength that most helped them

to cope with the situation and says: *"That was the perfect key as if Birgitta had had some kind of daily customer service duty or something else. We would have been screwed much more"*. Due to the already earlier clear tasks division and Birgitta's non-existent role in the daily operations, Benjamin and the managers had to only share Birgitta's tasks but otherwise the business could continue without bigger problems.

As the power was well distributed and all the employees knew what to do, the company and the managing owners could strongly rely on them in the coping process. Both Benjamin and Birgitta highlight that the experienced employees worked harder and took extra responsibilities to help the company to cope. Birgitta feels that the employees worked harder so that she would have felt better, and sees this as an example, how she has succeeded as a leader. Restaurant manager Bettina also points out that even though she was given more tasks she never felt they were overwhelmingly much, and some changes she even enjoyed. As employees were a valuable and competent source of help, the company did not need to utilise much external help for their coping. Only utilised external help was Birgitta's psychologist friend's counselling help that was offered for the employees to cope with the tragedy. This service was also used only by two or three employees. Moreover, it is worth mentioning that Birgitta's illness did not only touch the employees but also many regular customers. They were also kept up-to-date during the whole process.

4.2.5 Adapted Family and Family Business

As stated already, Birgitta rather quickly won her battle against the cancer and since then concentrated only on coping with her moving disabilities. Birgitta was also successful in that and made a return to work about a year after her paralysing. However, this caused some problems for the couple as they had to face a new situation with overlapping roles. The overlapping roles and arguments about work issues gave according to Birgitta more power for their efforts to expand the business. Both Birgitta and Benjamin made clear that their interest to expand the business never disappeared during Birgitta's illness but that they always existed as a long-term goal. They also actively kept on looking for new properties during Birgitta's illness and finally later in 2015 made a contract for a new hotel in the same city. Benjamin states that this new project has kept him busy since then and thus provided a great solution for their problem of overlapping roles as leaders. In summer 2016, the new hotel property with 128 rooms and a restaurant-bar opened. Since then Benjamin has worked as the CEO of the company and has been running the new hotel unit. Birgitta

herself took back her job at the old unit as well as leads the team of the managers and is responsible for the service in both of the units. Restaurant manager Bettina whose role was also transformed in the illness process has continued doing her old tasks but has also gotten more responsibilities through the new hotel.

Based on the performance numbers, it is easy to say that the company adapted to the new situation very well. Both Benjamin and Birgitta confirm that no visible negative effect on customer satisfaction or sales numbers can be seen. On the contrary, the profitability improved during Birgitta's illness. Benjamin explains this by stating that he as a manager is more emphasising the cost savings in some things than Birgitta. Birgitta agrees with this and states that before her illness she was often too nice to some customers and negotiated too low prices. During her illness, responsibility of this was given to the front office manager who according to Birgitta is *"tougher"*. These facts together improved the profitability. Furthermore, based on the latest financial statements, the opening of the new hotel has had a major positive effect on the revenue of the company too. At the same time the number of employees has grown to more than 40. Thus, the illness did not affect the number of employees negatively either.

Benjamin and Birgitta both state that they are happy with the current situation of their business. However, they also say that they have some future plans and could consider expanding further. Benjamin also adds that they still have much to do with the new unit and that it has much potential for further development. Based on the interviews it is also clear that Birgitta and Benjamin aim to succeed the business to the next generation at the end. Currently, both their oldest and middle daughter are studying hospitality management and all three daughters have been working in the hotel during their holidays. The oldest daughter has also announced that she is interested to continue the business in the future. Benjamin and Birgitta say that this was also clear already before the illness and was one of the reasons why they never even considered quitting. Both of them had a trust in their survival and continuum of the business. Based on all the collected material and after hearing the experiences of all the interviews, it is easy to conclude that Case B survived their tragedy amazingly well. Furthermore, the future of the business looks very bright too.

4.3 Case C

4.3.1 Family and Family Business before the Illness

Case C is an entrepreneurial couple living in southern Germany. Claudia and her husband Christoph both were at the time of the illness occurrence at the end of their fifties. The couple had been together before the illness for 38 years and been living in the same house in a village in the idyllic German countryside for more than 20 years. Claudia's mother, to whom the couple has a close relationship, has lived all this time in the same building as their neighbour. Claudia and Christoph have an adult son who is living 50 kilometres away and not involved in their business but working in another industry.

Before moving to the village, Claudia and Christoph were living in a bigger city within the same state and working in different jobs. Claudia has an education as an assistant tax consultant and her husband is a goldsmith. When Christoph after 25 years of employment got unemployed, as well as Claudia's father died, the couple started to wonder about moving to the village and purchasing Claudia's parents' home. Claudia says that they considered the move for a long-time and finally with heavy hearts decided to move. Nevertheless, she adds that they have never later regretted their choice. As it is very difficult to find a job or establish a foothold as a goldsmith, the couple decided to start their own business – a jewellery store. Christoph states that their decision to become business owners was rather naïve but that they were also encouraged by friends and family. Since then Claudia and Christoph have been running their store in the nearby town both by selling watches and jewellery as well as by providing the goldsmith work of Christoph. Before the illness, the store only consisted of the two entrepreneurs as well as a part-time employee and was open six days a week. Claudia was responsible for the sales, administrative tasks and accounting, whereas Christoph did the technical work. The part-time employee helped with the sales when needed.

4.3.2 Stressor Event – Illness

Although Claudia has been suffering from different illnesses throughout her life, a cancer suspicion given by her doctor during a normal routine health check-up came as a total surprise and shock for her. After the initial diagnoses Claudia visited a specialist who confirmed through X-rays on 3rd April 2014 that Claudia indeed has a tumour in her kidney. Claudia describes, how she first could not openly tell about her illness as her son was going to marry on the next day. She told only her sister and her husband about the

illness. Just later after the wedding, she told her other family members and friends. Claudia's surgery went fine and she was lucky as her cancer was spotted in an early phase - the tumour itself was only three centimetres long and had not spread yet. Due to this it was also possible for Claudia to sustain both of her kidneys and she did not need radiation therapy or chemotherapy. However, for a while she did have very bad pain and moving problems caused by the surgery. Furthermore, Claudia also attended a rehab for 3 weeks and has since the surgery been going to check-ups on a regular basis.

4.3.3 Family Coping

Claudia describes her reactions after hearing the diagnoses: *"The first thought was shit… sorry… but I think everybody thinks like that. And now it is me. Being closer to death, or the thought of it is in this situation more important than anything else"*. Claudia also adds that the illness confused her thinking and took her whole focus in the beginning. She only thought about the impacts of the illness on their business after a week or two. Furthermore, Claudia tells that her husband was terrified from the news and was in definite shock. *"I was totally rattled",* Christoph describes his feelings and confirms Claudia's observation. He also adds that he thinks for him the illness was perhaps even a bigger shock than for Claudia. In his opinion Claudia was always very optimistic about her illness and assured him that they will survive. Claudia admits that she also thinks that the diagnoses was a bigger shock for her husband, sister and brother-in-law than for her.

Claudia thinks that for her coping it was good that the surgery was not right away after the diagnoses. It gave her time to reflect and prepare her thoughts and soul for the surgery. She also thinks that the fact that she did not need chemo therapy positively affected her coping as she thinks that chemo has a huge impact on the coping process. Claudia also admits that even though she was always optimistic, she surely also had her problems with coping. Furthermore, Claudia tells about their battle with the insurance providers regarding acknowledging her as 50 % disabled person due to the illness. At the end, Claudia with the help of her lawyer won the battle, and the insurance has been paying her compensation for her disability since then. In addition to the legal help, based on their descriptions the couple did not use much external help in their personal coping process. The family and Claudia's sister helped, as well as the next door living mother who occasionally took care of their domestic tasks.

4.3.4 Business Coping

Even though Claudia's cancer was realised in an early phase and she survived the illness with a rather short rehab period, it naturally also created challenges for their business. Claudia herself describes this in the following way:

> *"For sure there was the problem with the business. Meaning, my husband leading the business by himself is not ideal. That must be said clearly. Working in a two-man business is difficult if one falls ill."*

Claudia's statement highlights the problems caused by the small size of their business and lack of external employees. Furthermore, she adds that it is very difficult for a business to survive in such a small town with such a narrow customer base also without an illness. Moreover, Christoph admits that his working was also affected as he was constantly thinking about the illness and its effects.

Claudia did not rest long after her surgery but started to already from the hospital take care of accounting and other administrative tasks with the laptop her husband brought for her. She explains that her husband is more of a technician and does not know how to handle such tasks, therefore, she started to do them from the beginning. Claudia clarifies that it was rather easy to do those tasks due to the modern digital technology even from the rehab. Naturally, the absence of Claudia also meant much more work for Christoph and their employee, as well as the loss of a lot of tacit knowledge. Christoph describes that he had to take over all Claudia's areas of responsibilities: sales, purchasing and email correspondence. This meant longer days for him and work from home too.

In addition to their employee, the couple did not have anybody external to help them with the business. Christoph says that he does not see how anybody could have helped them as everybody has their own tasks. Claudia mentions that one thing what helped them in the time of the crisis was that the store was well-managed before the illness. Furthermore, Christoph says that their customers were also very understanding in situations in which they had to wait for a bit longer time.

4.3.5 Adapted Family and Family Business

As Claudia's rehab period was not as long as in many other illness and as she recovered well from her surgery, Claudia returned rather fast to work. After Claudia's return to work

the couple decided to reduce their working and after 20 years of being open six days a week, decided to be closed also on Mondays. Moreover, as Claudia was after her illness entitled to the status of being only 50 % fit to work, she works now only half a day five days a week and their employee covers the other half of the day. The couple describes this as a well-functioning and rather flexible solution for their problem. Christoph still works full-time and is always present in the store.

When asking about the illness' effect on the performance of the company, the couple is not able to give a clear and exact answer. In the sales numbers, some changes can be seen but Claudia is not sure how much of it is related to the fact that their store is open now less than earlier. Also, the industry itself is suffering due to the online options available, and thus Claudia states that their sales numbers have been declining for a longer time already. Claudia also thinks that there is a difference between her selling numbers and the employee's. Claudia sees that she has years of experience, and she knows their customers very well, which means that she can better recommend products for the customers and advise them. Therefore, Claudia also has more often a personal relationship to their very loyal customers and so called tacit knowledge, which the employee does not possess. On the other hand, Christoph does not see that there was anything extraordinary in their sales numbers of 2014. He thinks that customers kept on coming in the same pace than earlier, and that many of them did not even realise their situation.

In Case C's situation, the business survived rather easily from the illness and the stress caused by it, but Claudia thinks that the situation would have been completely different if her husband would have been the one to fall ill. She thinks that her tasks were easier to be taken over and to be complimented than Christoph's technical and very specific knowledge. Claudia things that in that case, they would have been forced to close their business. However, Christoph disagrees with this and thinks that his competences could have been replaced also. Nevertheless, with the occurred situation the continuity of the business was in no point under risk. Christoph highlights that they did not even consider quitting as it would have been very difficult for him to find any other work. As Christoph and Claudia are now both over 60 years old, the time to prepare for the retirement approaches. For the couple, it would be important to find somebody to take over the business and as they have nobody in the family who could or would like to continue the business, they are currently searching for a non-family successor. The finding of a

successor is still in progress and the details are unclear, but clear is that the couple successfully coped with their crisis, and aims to continue working until the point they can retire. In regards to her health, Claudia has a realistic view and she understands that even though her cancer does not show any signs at the moment, the risk of reappearance is always present.

4.4 Case D

4.4.1 Family and Family Business before the Illness

Case D presents us an entrepreneurial, married couple also living in southern Germany. David and Daniela were both before the illness occurrence in the beginning of their fifties and been together for many years. At the time of the illness occurrence the couple was living in a small town. Before that they had been due to David's previous employment living a couple of years in the United States of America in the 1990s and, thus, had also lots of friends all over the world.

David worked for 20 years as a department supervisor for a big, globally operating German company in the field of engineering and manufacturing. In his work, he spotted together with his colleague a gap in the process and decided to tap this gap by starting his own business in 2000. The new business venture concentrates on small orders in milling, punching and similar functions. The company also works with green future-oriented technology and owns a patent which they are developing together with universities. Both their home state and the European Union had also granted funding for the patent development. The company was run by David and his business partner who also owned a part of the company. Daniela herself was mostly involved in the company by her role as an owner of the business. The firm employed 6 full-time employees and two part-time employees.

4.4.2 Stressor Event – Illness

The couple had already had for a long time the dream to go back to the USA to visit all their friends from the times they lived there. In summer 2013, they took the time and visited their friends in Florida. The trip was amazing and everything went great until the couple arrived home on the 1st September. David describes how they had just arrived back home and set their luggage in the corner of the room when Daniela suddenly collapsed. In shock, David called the ambulance, which arrived within seven minutes. The paramedics

realised quickly that Daniela is having a stroke and took her immediately to the local stroke unit. In less than 40 minutes from the stroke, Daniela was already in surgery. David describes that at this point he did not realize what had just happened. He was having an adrenaline rush and almost forgot to ask to which hospital Daniela was being taken.

After the surgery Daniela was in a coma but David still had hope that everything had worked out fine in the surgery. Daniela woke up and recognised David which was naturally very important for them. Otherwise, Daniela did not remember much from the events and still does not remember nowadays. However, David states that after her awakening Daniela seemed as all her sorrows were gone even though the stroke had badly disabled her. Due to the stroke Daniela lost her ability to speak, move as well as to take care of herself. To recover Daniela was sent after her hospital treatment to rehab for six months. Only after two months in rehab, Daniela started to understand what had happened to her. Nevertheless, due to her illness and brain injury, Daniela has different personalities and thus she is not always aware of what happened to her.

4.4.3 Family Coping

In the beginning, the coping process of the couple was centred upon the rehab which focused on the physical healing as well as on treatments against depression caused by the illness and its impacts. David describes that throughout the six month of rehab, he started to work every day at 5 am to be able to finish working at 3 pm so he could go to the rehab clinic to be together with Daniela. Already during the rehab period David took much care of Daniela as she did not feel comfortable to be treated by the male personnel of the clinic. Furthermore, Daniela's leg also broke in rehab which caused further challenges for her. After half a year, Daniela got home which according to David caused completely new challenges for them as Daniela needed round-the-clock care. David says that adjusting to this took a long time, but they have now reached the optimal situation in which Daniela sleeps long in the morning and later in the day David takes her to some treatments to recover and to have an occupation.

David describes that their challenges are not restricted only to issues related to the time management and the constant need of care, but expand to Daniela's moving difficulties and varying state of health. For instance, since her stroke Daniela has been suffering from epilepsy that has forced her sometimes to intensive care at the hospital. Moreover, David explains that one of the problems for care takers is the issue of disgust related to the

caretaking tasks such as washing and cleaning. He himself has been able to cope with this, which has without a doubt been a great enabler in their life. Furthermore, David feels that he has not got the support that he would have needed, for instance, from the authorities. David feels that he has been forced to fight for their rights as well as being under constant monitoring by the authorities. Also, David feels that he as a caretaker has been made responsible for many decisions for which he does not have the needed knowledge. David perceives that the medical staff is pushing the responsibility over the decisions to him instead of acting themselves. Even though David has self-studied the topic, he does not think that he has the skills and knowledge to make the decisions he is required to do.

David describes that they have not received much help from anybody. The couple is not using any external care help at home but only the therapy services of different therapists. David says that the help and attention received from the couple's family has also been very limited. David's parents are over 80 and his brother is living rather far away, therefore both are only able to help occasionally with some issues. Even less support is given by Daniela's family whose reactions to the illness in general have been rather cold. David describes the reactions and attitude of them in a following way:

> *"Definitely not nice. In the first moment, they weren't interested at all. Like many other people they did not believe it, and tried to forget about it. It is also nowadays like that. They also only went to visit her one week after the stroke. From the family… her parents are both still in a good shape, and she also has two sisters, but from them no support is given. Well, maybe every fourteen days they show up for a visit with some fruits, but that's it".*

Despite the family reactions, David says that he was encouraged by his business partner to take time for his personal matters during the acute crisis. He sees that being an entrepreneur has given him more flexibility and thus been a resource in the personal coping.

4.4.4 Business Coping

According to David, Daniela's dramatic change of health and her need of constant care have also been a great challenge for the business since the illness occurrence. The need to reduce working hours quite soon led to the situation in which David decided that he needs to focus on his wife's healing and to downsize the business. As the downsized business would not have been able to provide for the couple as well as their business partner, it was

agreed that the business partner will exit the business, and David takes over the whole firm. To reduce the work, David gave many processes to external partners and decided to focus on the logistic part of the business. Due to the outsourcing of the functions David was still able to keep his negotiated production quantities on the same level even though the amount of work was reduced and refocused. The outsourcing also reduced the pressure he had, and moved it more to their suppliers. He sees that this was the best way to run the business further. He also considered at that point selling the business or to continue the business with the same intensity which would have been very difficult as his caretaker role took more and more time.

David admits that the illness fully changed the long-term goals of the business as they were before the illness working much on the patent and wanted to focus their operations around that. Therefore, the downsizing and the exit of the business partner were in no way in the accordance with the plans. David seems still to be rather fine with this as for him his wife and taking care of her were bigger prioritises than business goals. Thus, the downsizing helped him to continue still working with his patent and company but made it also possible to spend more time with his wife. In addition to this flexibility, he adds that one of his employees, who is also a friend of theirs, has been a great help in the business and is supporting them the most in the business.

4.4.5 Adapted Family and Family Business

Currently, Daniela can move around with a forearm walking frame as well as get up the stairs in their home. In the speech therapy, she has learnt to read and can now also sometimes communicate without problems. David describes that still her abilities vary strongly from moment to moment and tasks to task. For instance, Daniela can count and sing also in different languages, but then again sometimes cannot form a simple sentence. This strong variation in the skills is also due to the brain injury in which some parts of the brain are more damaged than others. Nevertheless, David states that Daniela has already exceeded the prognosis given to her extensively, and that there is some light still in her recovery. Based on our meeting with Daniela, we perceived her also as very positive as well as happy, and observed that she was able to follow the discussion.

Even though David downsized his business and outsourced functions, running a business and being simultaneously responsible for the care of his wife was without a question difficult. Therefore, after the downsizing David started to intentionally shape the company

the way that it would be ready for selling, and started to find investors. Just recently, he found an investor to buy the couple's business. David agreed with the investor that he will continue working as the director of the business but will work only 30 hours per week as he needs time for taking care of Daniela. David would have preferred an even smaller number of hours but realised that it is not compatible with the demands of his work tasks. David describes that his tasks did not change due to the sale of the business. Nevertheless, he admits that he has now much less pressure as he is not as an entrepreneur responsible for the turnover and other financial figures as well as bookkeeping. David sees that he as a person is easily able to leave behind the troubles of work, and to concentrate only on his personal life when he is not at work.

Regarding the performance, David states that they have had along the time problems and challenges to keep their customers satisfied. The economic crisis in 2008 was for them also very challenging and they are still recovering from that. Naturally, also as the business was downsized and focused, it had its effect on the financial numbers but as the contract stayed the same, their sales were not much affected. The number of the employees has also stayed the same but the tasks of the employees have changed due to the refocusing and outsourcing.

4.5 Expert Interview – Occupational Therapist

The occupational therapist Ellen has several years' work experience, being employed in a private clinic and a neurology clinic. Since 2013 she is running her own clinic, specialized in neurological issues. Due to her experience in different institutions and close contact to often very severe cases, Ellen has a broad knowledge about patients and their family's coping with the stressor event of a severe chronic illness.

4.5.1 Stressor Event – Family Coping

Ellen highlights that for the patient and the family, a severe chronic illness such as a stroke or cancer means to fight for your life, survival is the first concern, *"Will I ever get out of the hospital?"*.

As illnesses like a stroke occur out of a sudden, coping especially in the beginning is very hard. Patients grief for their old lives, everything has changed, planning for the future becomes impossible, which makes some people paralysed that they do not see their opportunities. Ellen states, that it is important in an early stage of an illness to motivate

people to work on their abilities. Often people try to do everything for their partner, which in the end is counterproductive for the development of the ill person. The credo is *"helping people to help themselves"*.

Ellen thinks that the coping of a patient and his or her family is highly dependent on the character of the individual. According to her, depression is a big topic for many patients with a severe chronic illness. The fear for existence and uncertainty for themselves and family creates a huge burden, as well as an overall overwhelming feeling. The coping highly depends on the character of the ill person, as well as their family carers. She knows from experience, that some people retreat and isolate themselves, others fight and try to actively participate. The future seems to be all dark and black, until one is able to cope and adjust to the new situation. It often helps to meet people with the same illness to exchange experiences. Furthermore, Ellen highlights the importance of people's social network, as well as keeping oneself busy to not constantly think about the illness, as a severe illness is mentally challenging.

Ellen points out the significance of the context of living in a welfare state, such as Germany or Finland, where all the cases are located. She thinks that a welfare state provides ill people with many opportunities, and insurances also give support to adapt the life to the new conditions. Nevertheless, many challenges arise through a severe illness, starting with the psychological capability of the partner to deal with the situation. Practical things as the household and the course of the daily life need to be adjusted to the illnesses requirements. But Ellen thinks that the partnership is the biggest challenge, including many factors such as sexuality, personal limits in caretaker tasks, personal sacrifices, and social exclusion.

Ellen sees from her experience that families usually want to support each other, but surely dilemmas occur when the ill person needs care and help, so other family members might have to join the end of the queue. Another challenge from the expert's experience is change in the social environment, friends change: *"the wheat quickly sorts from the chaff"*. One reason for this is that it is not easy for everybody to be confronted with an ill person. This situation can be quite severe and dramatic for the ill person, but also the caretakers: *"They sacrifice themselves. One person needs to put back, that it can work out, that this system can work out"*. This dedication to take care of somebody often leads to social delimitation, which is again a problem if the ill person dies, as Ellen puts it:

"Their big task is gone and they are alone, because they did not socialize with their friends, because they couldn't participate in clubs, they could not travel, didn't have any leisure time activities."

The expert highlights how much space a severe illness takes in people's lives.

4.5.2 Stressor Event – Business Coping

A quick switch and adjustment is especially necessary with neurological issues, as it means not only physical problems, but also suffering of mental performance and cognitive abilities. Ellen highlights that one might be able to still calculate five plus five, but physically is not able to write invoices. She also sees challenges in the understanding of the employees, when facing extra work and extensive absence of the manager. It is all in all a situation for which only few people plan, therefore the actors concerned need to react in an intuitive, fast, and effective manner. Furthermore, the professional success was described as subordinate compared to the well-being, and care of the partner.

4.5.3 Adapted Family and Family Business

The occupational therapist believes that tasks and responsibilities are of great importance, *"because you are needed in this society and you also have a responsibility in this society"*. Including the ill person is not about having big responsibilities, but to be included, to be a part of it, *"to have been there at the table, as a participant, when the decisions are taken"*. Surely, Ellen highlights, that there are different profiles in every illness, some are more easy to treat than others, nevertheless she believes that there is the possibility to create, even if it is only little, a task or responsibility, to which the ill person is able to participate and contribute.

5. Analysis

This chapter analyses our empirical findings to establish deeper insights to them. We start the analysis by focusing on the stressor event and perception of it. After that we proceed to the identified demands and resources. We finish the analysis by identifying pre-stressor conditions affecting the adaptation process.

5.1 Stressor Event

In our study, we describe the occurrence of a severe chronic illness, within the family business context, as a stressor event. In all cases, the interviewees described the stressor event as a very sudden and unexpected event, which McCubbin et al. (1980) define as a non-normative stressor, often related to health issues. All participants regardless of their role, described that the diagnosis was an enormous shock and a dramatic experience for them, their family, as well as the employees. The type of the chronic illness and its various characteristics influence the realization of all the consequences for the ill person. In the cases A and D, the family was hit by a stroke which due to the course of the illness meant that the ill person only later realized what has happened, and what impact it will have on their lives. In all cases, the ill people are severely impacted in their physical abilities, such as walking as shared in case B, or resulting in an official 50 % disability like in case C. Due to the nature of a stroke, the ill people in the cases A and D are also handicapped in their cognitive abilities.

Our findings show that the severity of the illness is affecting the whole adaptation process. We see from our four cases, which got afflicted with two different chronic illnesses, a difference in the abilities of the ill person to contribute. In case B and C, the ill people were diagnosed and treated for cancer, which affected their physical abilities to contribute in the daily operations of their businesses. Nevertheless, in both cases the ill person very soon started to get involved again in tasks they were able to do from the hospital or the rehab, such as answering emails, dealing with billing and bookkeeping. As highlighted by Rolland (1999, 2005), though all cases face a chronic illness, there are huge differences in the consequences of illnesses. The differences in the severity of the different types of chronic illnesses need to be taken into consideration. Cases A and D were afflicted with a stroke which not only caused constrains on the owners' physical abilities, but also their cognitive abilities. Illnesses which resulted in cognitive disabilities caused a bigger problem for all

actors to cope with. As displayed in case A, the inability to communicate at the beginning of the illness created an enormous demand on the family, especially the caretaker, as well as the business. It was severe for the business that suddenly an enormous amount of knowledge and skills necessary for the survival of the business were lost and inaccessible for the family business. Not only needed the family to cope with the sudden illness, but also attempts to adapt to the challenges became even harder due to the cognitive disability of the managing owner. This meant in both cases increased caretaking efforts as well as psychological stress in adapting to the new role.

The nature of the stressor event is very critical; the type of the illness decides the course of the coping process. Nevertheless, common consequences in, for example, social relations and personal life strain (Baanders & Hejmans, 2007) became apparent in all the four different cases. Furthermore, accompanied with the stressor event came the omnipresent feeling of uncertainty of survival of the ill person for all the four cases. Benjamin remarked that *"the paralysing was a fact but it was otherwise open if she has still left a month, half a year or a year or something else"*. His wife Birgitta shared similar feelings when she said that *"first it was a horrible shock as we did not know what is wrong with me, will I survive and how will we cope"*.

5.2 Perception

After the occurrence of the stressor event and the confrontation with the illness, a sense-making process is started. At that point, the family is building a perception of the stressor's seriousness (Hill, 1949, 1958). The families are assessing the current state of the family and the business, taking the new demands, all resources available, as well as the family crisis into consideration (McCubbin & Patterson, 1983). All families described how the occurrence of the illness left them with a great shock and an overwhelming feeling of uncertainty. All cases experienced the stressor event to be of a life-threatening and future-changing nature. The occupational therapist confirmed this experience and highlighted the severity of the shock. Despite the fear of losing a beloved partner and parent, many factors needed to be considered, from the medical caretaking, learning about the illness, arranging the daily life to suite the illness, to filling-in the big gaps in the business the ill person left. Case A was especially left with lost knowledge and huge demands in keeping the business running. The family had to assess the situation by making sense of what the illness means for them, what kind of demands are required from them as well as from the business. Also, in case B the illness came sudden and left the family and the business without a leader.

Benjamin stepped in swiftly, by assessing Birgitta's tasks and responsibilities and passing them on to the skilled and suitable employees. The occupational therapist as well explained how families often despite the first shock quickly step up and take over tasks and roles of the ill fallen person. In the following, the demands and resources of the family's adaptation are discussed.

5.3 Family Demands and Resources

Looking at the coping of the family through adapting and applying family systems theory we get the opportunity to look closer at the business owning family, and therefore, are able to add to the family business research (Michael-Tsabari & Lavee, 2012). Thus, we regard the analysis of the family coping as essential to get a more comprehensive insight of our case families' experience with the illness, as well as to answer the question on how the family deals with a severe chronic illness in the context of a family business. For our data collection, we concentrated among other things on how families facing a stressor event, a severe chronic illness, adapt their resources to address the demands caused by the illness. During the interviews, questions were asked with the intention to encourage a discussion about the challenges the family and its individual members faced due to the illness as well as how those challenges were addressed. All participants provided us with extensive examples of demands which the illness paused on the family, which is in line with family science theories emphasising large number of demands (D'Ardenne, 2004; McCubbin & Patterson, 1983; Mellon & Northouse, 2001). As the case summaries in the empirical findings showed, the demands our case families have faced vary from each other, and are dependent on the illnesses' severity and individual context. However, through a conducted cross-case analysis, we identified six main family demands shared by all cases. In Table 4, these demands are presented, bundled to two themes and illustrated with supporting quotes from our participants. Three of the demands are connected to the internal demands upon the family, and three to the external demands upon the family.

Table 4: Family Demands

Theme	Demands	Quotes from the interviewees
Internal family demands	**Partner's burden**	*"Mom was the one who had to most adapt as we had to go and see Arto every day as well as to learn new things the whole time so the calendar was pretty full"* – Antti *"Now she is home, she is in pain, so you need to decide is it something bad. For sure, at the beginning everything is bad…It is such an enormous responsibility"* – David
	Reinstating routines	*"The fact that Arto needed a lot of help in the beginning. For the kids, it must have been a very scary time… for us just the work and the other life are so intertwined. The kids grew so much due to Arto's ill falling."* – Arja *"In normal life one cannot imagine all the things one needs to face in this kind of situations. Starting from washing, cleaning etc."* – David
	Unpredictability	*"Especially in the beginning it was difficult for me to plan or give my opinion about something. That was also about what Benjamin got sometimes upset too and said that I need to say what do I think. I somehow thought that what if the illness at the end does not stop. That what if I die. So, I do not need to have an opinion about these and think about these and this do not necessarily involve me."* – Birgitta *"If everything stays like that I was very lucky, but if you are realistic as a human one knows that the blood circle is one and I need to be aware that the cancer will come back at some point."* – Claudia
External family demands	**Facing reality**	*"I let all the people to believe that everything is going like earlier. One thing is the shame that you could not make it or did not have enough power. I guess the shame and the pride."* – Arja *"I had to see a special doctor, there on the X-ray image on the 3.4. with the result that the first assumption was correct. I didn't tell any-body except for my sister and my husband. On the 4.4. my son got married. It was not very easy but I had to get through this".* – Claudia *"I was totally rattled… But she reacted quite cool and personally I also tried to not show anything to other people"* – Christoph
	Retaining social contacts	*"Many people are scared to talk with Arto. Also, now some farmers call him actively but others are not calling. I guess because they are scared that they do not understand him."* – Arja

		"I have started to get more the feeling that I do not want to go alone anymore to places, especially to new places that I do not know, how to get there." – Birgitta
	Dealing with authorities	*"No. You need to get all the help yourself. You needed to even fight for it."* - Arja *"And then you also need to fight for everything. I also had to fight with my disability insurance. If I hadn't taken a lawyer the insurance wouldn't have acknowledged the 50 % disability"* – Claudia *"One needs to fight for everything. It starts with the care level. They offered us level 1. We needed to nearly go till the administrative court. Now we have level 5."* – David

As Hill (1949, 1958) presented already in his original ABCX-model conceptualising families' reactions to the occurrence of a stressful event, our findings also show that all our cases had some resources they used to respond to the demands caused by the stressor event. In other words, similarly to the presented FAAR Model (Patterson, 1988), the families used the resources they had to stabilize the unbalance caused by the sudden demands. We found a multitude of different kinds of family resources in our study, which we at the end categorised under seven main resources presented in Table 5. Furthermore, we grouped together related main resources and were able to identify three themes of resources. Three of the resources are *family system resources* including *spousal relationship, family functioning,* and *family support*. Two relate to the *personal and family spirit* involving *resilience* and *optimistic outlook*. The two remaining resources include the *external and social resources* compromising *external and family support*, as well as *work as a coping tool*. These identified categories are in line with the categories defined by Lavee et al. (1985).

Table 5: Family Resources

Theme	Resources	Quotes from the interviewees
Family system resources	**Long, strong partner relationship**	*"Since 1983… so more than 30 years together."* – Arto *"We got married quite early, we are now 41 years already married. I was 19 and he 21. Back then it was not easy to move together etc. Not only easy times, but we always stood together."* – Claudia
	Good family functioning	*"Our community is very tight. The children come home for a visit at least three times a week or more and the grandparents are living next door."* – Arja

		"Surely it makes your family closer. They take care that I am feeling good and that I have some activities." – Birgitta
	Family support	*"My mother in law was trying to help where she could with the household, washing, laundry, cleaning and so on. So, there has been this support for us"* – Christoph *"We get support from my brother. They live a bit more far away. But when we are on holidays with our RV then they are a big help."* – David
Personal and Family spirit	**Personal resilience**	*"Resilience in particular."* – Arto to a question "What has helped you to keep going?" *"We had a positive attitude. She especially bounced back and was very strong."* – Christoph
	Optimistic outlook	*"Some people say that we have had bad luck because Arto fell ill, but I see it so that we were lucky as Arto survived. It's all from where you look at it. Everything went much better than one could imagine."* – Arja *"Well, but she was so optimistic, and said that she will make it, that it won't be a problem."* – Christoph *"But her development is at the moment at 1000 % with respect to the prognoses. With the forearm walking frame she is able to walk around and she is also taking the stairs at home. In speech therapy, she is reading, she can also read the menu when we are in a restaurant. At home, and also sometimes with totally strangers she can talk perfectly."* – David
External and social resources	**Friends and external support**	*"Funnily, people who you never though could help were for a help, and those you thought would, were not."* – Arja *"Friends yes, my sister is very important, my mum, they were helping."* – Birgitta
	Work as a coping tool	*"The work kept you going, even though how crazy it sounds."* – Arja *"The work I think. Then started so called normal life. So, it was the best one."* – Birgitta *"I guess it was easier for me, as I had distraction through work and the store."* – Christoph

After the introduction of the identified main demands and resources of and on the family, we proceed with a more detailed discussion of the two family demand themes, the individual main demands, and the resources which we identified as especially helpful for

the families to address the respective demands. The following discussion is structured orientating on the themes, as the included demands relate to each other.

5.3.1 Internal Family Demands

One of the themes that was identified from our data is *internal family demands,* which includes the categories of *partner's burden, reinstating routines,* and *unpredictability*. These categories describe the demands a family as a system faces internally, as well as the demands the partner of the chronically ill person faces when being confronted with a severe chronic illness. In our study, these demands were applicable for all four cases, and therefore underlines findings from previous research in the field of dyadic coping (Acitelli & Badr, 2005; Berg & Upchurch, 2007; Bodenmann, 1997; Revenson et al., 2005) and family coping (L. M. Wright & Bell, 2009; Årestedt et al., 2014).

Partner's burden. With the appearance of a severe chronic illness, family routines are thrown of the track. Naturally, the whole family is affected by the occurrence of a severe chronic illness. However, the situation for the partner of the ill person is very specific and became very clear in the interviews with all participants. In all cases, the partner had to face sudden additional and an enormous amount of responsibilities. This is in line with the findings of Berger and Upchurch (2007), who highlight the interrelation of a couple's coping. Bearing the responsibility of the care of the ill partner quickly became overwhelming, due to the sudden, unknown demands (D'Ardenne, 2004). Especially in the cases A and D with the stroke patients, the partner had to face several responsibilities related to the characteristics of the illness. David, from case D describes in detail how everything changed and how he had to take extensive and difficult decisions with regards to his wife's health. Also, a big challenge are the emotional demands with which a caretaker is confronted, such as watching the partner suffer, or taking the right decisions regarding the health of the partner (Baider & Denour, 1999; D'Ardenne, 2004; J. D. Walsh et al., 1999). David explains how he felt unprepared, insecure and overwhelmed when his wife got home after the rehab and he had to take the decision, whether the pain she is experiencing is so severe that they need to get to the hospital or not. Furthermore, Arja and David address the demands related to the 24-hour care of the ill person. Such a situation leaves the partner with many caretaking tasks, including washing and dressing, giving the vital medication, bringing them to the different treatment sessions and many more. Also, the cases B and C address the additional burden for the partner, such as additional tasks in the household, though the burden was

due to the course of the illness not as extensive as in the stroke cases with regards to the physical burden, and caretaking tasks. However, in all cases the partners experienced an additional emotional burden. Ellen highlights, that in such extreme cases as A and D, the caretakers often sacrifice all their time and energy in the caretaking of their partner.

Reinstating routines. For all our cases recreating normality and continuity meant and still means hard work and constant adaptation (Österman, Jakobbson Ung, & Falk, 2015). Not only the changes in responsibility after the occurrence of a severe chronic illness pose demands on the functioning of a family, also considerable changes in a family's routines and daily living have to be done to adjust to the illness and its requirements (Knafl & Gilliss, 2002). In case A, Arja states that the children had to grow up faster, take over certain tasks to balance the demands of the illness and to create a functioning daily life. In order to reinstate the routines, the actors from cases A, B and C agreed that the whole family needs to get involved. In line with this, Ellen the occupational therapist, also addresses the dilemma caretakers face and states that as the ill person needs a lot of care and help, there is not equal time for every family member. Family members need to deal with the circumstances that it is required from them to put back their own interests when the ill person needs help or care. Case D furthermore highlights that the changes in the daily routines for stroke patients are extensive, as the physical and cognitive abilities are affected, which makes it difficult for the partner and the family to find solutions to change the course of the daily routines. A further factor identified from the collected data is the challenge of dealing with the grief for the old life to be able to start accepting and change old routines.

Unpredictability. The last demand of this theme is highly connected to the two previously discussed demands, and can be seen as an underlying, omnipresent condition families face after the occurrence of the illness. With the diagnosis of a severe chronic illness starts a time of unpredictability, which poses tremendous emotional stress on the ill person as well as on the family (Knafl & Gilliss, 2002). Related to this, the cases B and C describe that after the first shock of the diagnosis, they started to think about the future and what the illness means for their daily life. Birgitta describes how she had a lot of difficulties in dealing with the uncertainty of her illness. This situation made her lethargic and unable to take any decisions. Claudia highlights that she is still very aware of the nature of having a chronic illness and that it means that nothing is certain in life. All cases describe that at the

current state, they adapted as well as they could to the new setting of their lives, but that the course of the illness is unpredictable, and therefore, their lives and future as well. All the ill people shared with us that they, especially in the beginning of the illness, had to fight with depression and still nowadays need to work and confront their fears to not fall into a state of futility.

5.3.1.1 Resources to Respond to Internal Family Demands

Based on the collected data, we could find out that families benefit from several different resources in responding to the new internal demands. More specifically, we observed that the families used all the listed seven demands jointly but accenting some of them more for some demands than for others.

Family system resources (*Long, strong partner relationship, Good family functioning* and *Family support*) were all very important in coping with the internal demands the illness causes for the family. All our cases described that they had had a very long and steady relationships with the ill fallen partner already before the illness, which is very important as the nature of the couple's relationship is shown to affect the coping of them both (Berg & Upchurch, 2007). Also, all our cases described that in addition to the help of their nuclear family members, they received some level of *family support* from other relatives, for instance, from their parents and siblings. Eggenberger and Nelms (2006) confirm this to be typical for families coping with a chronic illness, who often have the inner need to guard and shelter the ill patient and thus, are very helpful. Furthermore, in our analysis we came to the conclusion that *good family functioning* itself is indeed a resource but it also acts more as a backbone for the two other *family system resources.* Our interviewees highlighted the role of a well-functioning family. The cases A, B and C all described how they perceive their family as close and well-communicating body that clearly helped them to cope with the illness. On the other hand, the case D, which did not have as tight family ties and well-functioning communication with the ill-person's family, emphasised the non-existence of the support received from the one side of the family. The literature also emphasises the role of a good family functioning and states that good functioning families tend to actively merge their resources and to share the coping efforts between the family members (Acitelli & Badr, 2005; Revenson et al., 2005). Årestedt et al. (2014) also state that being a close family entity is vital for the coping process.

Moreover, all our cases expressed some type of *optimistic outlook* concerning the future. The positive effects of having a positive outlook are strongly emphasised by the literature too. For instance, Årestedt et al. (2015) state that the attitudes and outlooks of the family strongly mediate the illness coping. Furthermore, an optimistic outlook is associated with the concept of resilience and is one of the most essential building blocks of it (Black & Lobo, 2008; F. Walsh, 2003). The role of the ill *person's resilience* was also highlighted by our interviewees. For example, Arto stated this to have been perhaps the most important factor that has helped him to cope and Christoph similarly emphasised his wife's personal resilience in the coping process. Based on these, it can be stated that our findings are consistent with the theory, and that the *personal and family spirit* is important in supporting coping with the internal demands.

Families were also found to make use of their *external and social resources*. Especially case A but also other cases received help from their friends, who helped in different ways to keep on going. Furthermore, *work* was pointed out *as a coping tool* by several interviewees. It was seen useful by both the ill people and the caretakers, and as something that gave them a chance to escape the illness, to live 'normally' again. The occupational therapist adds to this coping strategy by pointing out that having a responsibility and role is very important for ill people, as it gives them purpose.

5.3.2 External Family Demands

The second theme identified is *external family demands,* which includes the categories of *concealing reality, retaining social contacts,* and *fighting for support*. These categories describe the demands a family faces in relation to the outside family context. In our study, these demands were alternately applicable for the different cases. The demands are explained in detail in the following section, looking at the demands individually.

Facing reality. The ill people in cases B and C shared with us that they felt that they need to conceal the reality from friends and family to not worry them. Claudia explained that she did not tell her son about the diagnosis, as she did not want to spoil his wedding. She explained the situation as very difficult for her, but that she saw it as her obligation to keep the illness to herself. Also, Birgitta experienced many situations in which she did not tell about her real state of health or that she is in pain to not concern others, but also because she did not want to be pitied, seen as weak, or less capable because of her illness. David and Arja as caretaking partners find it difficult to ask for help and therefore conceal the

reality by telling people that they are doing fine, when really they would be very grateful for support and help. This highlights that even though families and ill people give a certain kind of picture about their state of health, the reality might be very different from it. This difference can cause further shocks for the family and the non-family employees, if the family and the ill person do not find a way to create an environment of open discussion. Friesen et al. (2002) agree with this and emphasise it to be very essential for the family to learn about the illness right away when it occurs.

Retaining social contacts. Due to the increased time needed for caretaking as well as restricted mobility and state of health, many families strained with a chronic illness face limited or reduced abilities and possibilities to be physically and socially active (Aasbo et al., 2016; Boyle, 2009; Eriksson & Svedlund, 2006; Kralik et al., 2005). The cases A, B and D all reported tremendous changes in their social contacts due to the illness. Arja explained that her husband lost his status as managing owner of their farm and therefore, dropped-out of "the inner-circle". She also experienced that many people show some type of fear of contact with Arto, due to his cognitive constrains. This is in line with David's experience, who states that their friends have changed a lot and that some friends just stopped contacting them after the illness. Birgitta also experienced that some of her relationships changed, as not everybody is able to deal with illness and how to approach an ill person. This situation is certainly difficult for both the ill person and the partner, but often the partners struggle with the feeling as loneliness and isolation (Eriksson & Svedlund, 2006), as social and leisure activities cherished in the past are not possible anymore. Ellen supported these experiences with her expertise, and highlights that finding a way to participate, maybe in a different way, of very essential for the ill person and the family. All cases stated that due to the conditions dictated by the illness, their social relationships have changed and minimized. The change in social relationships was also pointed out by Ellen, who says that not everybody is able to cope with the situation. This shows that, even though chronic illnesses differ from case to case, same consequences are often experienced (Baanders & Hejmans, 2007). However, the nature and the level of restriction played a significant role in our analysed cases.

Fighting for support. When facing a severe chronic illness, support from the government, insurances, and medical institutions is of great help for the progress and enhancement of the ill person's and, therefore, for the family's life too. All our cases are situated in a

welfare-state (Adema, Fron, & Ladaique, 2011), where an enhanced level of security and support is provided by the state. This factor has to be taken into consideration when looking at these cases in general. The occupational therapist thinks that living in a welfare state is of great importance in the case of a severe and chronic illness. Although good medical support, governmental help and insurances are possibly provided, the cases A, C and D depicted the great difficulties they faced in achieving support from various institutions. All three cases stressed how much they had to fight with the authorities and insurances to receive the needed health care. Arja complained that she had to fight for everything, and also Claudia had to fight with the help of a lawyer for the acknowledgement of a 50 % disability with her insurance. David even had to threaten with a court prosecution to receive acknowledgment for Daniela's needs for intense care and therefore, for more financial support. These fights for support highlight the pressure partners are under to provide not only for the family solely, but also to ensure the best possible health care for the ill partner (Baider & Denour, 1999; J. D. Walsh et al., 1999).

5.3.2.1 Resources to Respond to External Family Demands

As with the demands related to the *internal family demands*, we found *good family functioning,* including open communication, to be a key to many problems. It clearly helps with the problems of facing the reality but also acts as a supporting factor for retaining social contacts and fighting for acknowledgement by authorities. Naturally, the existence of *friends and other external support contacts* in general helps to stay social and in contact with other people. Based on the descriptions of our interviewees regarding the fight for acknowledgement by the authorities, it became clear that personal resilience is greatly needed in those battles. For instance, Arja's experience with the need to fight against the hospital authorities in Arto's incapacity matter showed strong resilience in a form of not giving up in an almost impossible situation but rather fighting back even harder. The same happened to David, who constantly keeps on fighting with authorities for their rights and to guarantee the best care for Daniela. These yearlong battles exhibit a high level of resilience and persistence (F. Walsh, 1996). Furthermore, *family support* came up in the analysis as another factor that helped in the battle with the authorities. Battles are easier to fight when you know that you are supported by other members of your family too.

5.4 Business Demands and Resources

To be able to find out how a family business can and is adapting when facing a chronic illness, we need to understand the challenges and demands the illness causes for the business. In the conducted interviews, we intentionally fostered a discussion about the challenges by asking the interviewees to describe the faced business challenges as well as their general experiences from a business perspective after the illness occurrence. These gave us several examples of demands the illness causes. Naturally, the demands vary from case to case, as we showed in the case summaries in the empirical findings sections, and are often dependent on the characteristics and attributes of the specific case. Nevertheless, seven main demands came up in our cross-case analysis as the most important and the most evident ones. They are presented in the

Table 6 together with related exemplary quotes from our interviewees. The seven demands are categorised further under three themes that highlight the connectedness of the demands within a theme, and the difference of demands located under different themes. As one can see from the table, three demands are related to the fact that the ill person is absent from the work, two to the distinctive nature of family businesses and the last two more specifically to the intertwining of the family and the business.

Table 6: Business Demands

Theme	Demands	Example quotes from the interviewees
Ill person's absence	**Gap in responsibilities**	"*Arto's ill falling caused that I got a lot more work. It was organized the way that Arto did all the farming, the paper work, pesticide spraying, harvesting, so all this.*" – Arja *"So everything she was doing in sales, all the email contact, and purchasing I had to take over."* – Christoph *"Benjamin took the tasks of the CEO and Bettina, our restaurant manager, took all the other things I had been dealing with, like the flowers and small things, that are at the end very important for the hotel and restaurant customer experience."* – Birgitta
	Absence of leader	*"I never thought that I would be this young and taking over this. I thought I would be assisting my dad, and that I would have started to learn sprayings and sowings just now in my age."* – Antti

		"Birgitta was like a mother who was making sure that the staff had everything good." – Bettina
	Lack of knowledge	*"All the crop rotation, the leased fields, as Arja, did not either really know, which fields one should inquire and from whom."* – Antti *"But my husband was not so familiar with the hotel operations management system (…) so I started to have a look of those as he did not know those. All the invoicing and so on."* – Birgitta *"My husband has nothing to do with papers or bookkeeping. He is the technician, and the handyman, but I had to do the payments while I've been in the clinic."* – Claudia
Family business traits	**Responsibility for employees**	*"If I don't continue, it would cost the jobs of many others."* – Arja *"The staff also needs the feeling of security."* – Birgitta
	Family business legacy	*"Yes, surely it affected that this has been run already by Arto's grandparents"* – Arja about selling of the family farm *"That has been the vision the whole time but the fact that if it comes true in the future is still unknown but that has been the view already for a long time. Already then. That vision did not change because of the fact that Birgitta fell ill."* – Benjamin about the oldest daughter as a future successor
Intertwined family and business	**Family living**	*"I have lot of loans which I need to pay"* – Arja *"No that was never an option, never even came into my mind. I mean, I have to work."* – Christoph *"And then we were in the situation to decide do we stop the business totally, do we sell it or do we make the decision to continue our patent with the same intensity like before. But the actual company we will make smaller, hence the business will not be sufficient to give income for two families. Therefore, we decided to split here."* – David
	Time-consuming caretaking	*"The daily life. That Arto wakes up. Has breakfast and goes to bed and so on. In the beginning, we were naturally more keeping an eye on him and we could not go all at the same time somewhere as we did not dare to leave Arto alone."* – Antti *"That was a requirement, that I only work 6 hours a day. 30 hours a week. This results in the fact, that I need at least 1 ½ hours to deal with all the logistics, picking her up from home, bringing her to the different therapy sessions."* – David

In addition to understanding what are the demands one is facing in a situation like this, we see it as extremely crucial for our purpose to also understand the resources family businesses use to response to the new demands. Hence, the resources are the ones that can help a family business to bounce back from the problematic situation it is in due to the occurrence of the stressor event. Therefore, the resources are the key to the wished bonadaptation (Lavee et al., 1985; McCubbin & Patterson, 1983). Table 7 presents the eleven business resources we identified in our study. As the business demands as well as family demands and resources, they are also categorised under themes: four under *internal business resources*, three under *family business spirit* and four under *support networks.*

Table 7: Business Resources

Theme	Resources	Example quotes from the interviewees
Internal business resources	**Well-organised company processes**	*"All the papers had been in very good order until the falling ill. So, you could check from there."* – Antti *"As we are very well organized we have been able to quite well organize and reorganize our processes."* – Claudia
	Sharing knowledge and responsibility	*"We should have shared the knowledge between several people."* – Arja *"In my opinion from the company perspective… this kind of situation is… easier to deal with if not all the strings are in the hands of the entrepreneur. But that the responsibilities are shared already earlier."* – Benjamin
	Ill person's knowledge sharing	*"We always had the horror scenario that something will happen to us. That Arto has a motor-cycle accident and lies in a hospital with a broken leg. But then he still could have told me what to do. That you first harvest that and then you do that. But I never thought that it would be so that he cannot speak, tell or understand."* – Arja *"But as Birgitta was whole time in her sense, quite soon she started to comment things and tell her opinion and advised how we should do things."* – Bettina *"I had to do the payments while I've been in the clinic. But in times of digital communication it was no problem. Also, then later in the rehab that worked fine."* – Claudia
	Communicating openly	*"We shared the information among the staff and to everybody that everybody knew where we are now. And were surely glad when there happened some recovery, a toe moved and so on."* – Bettina

		"I think it is very very important, to talk about things. The partner that stays back is not helped." – Claudia *"In that time I also had to discuss with my business partner. And we saw and agreed that like this we cannot continue, it does not work like that anymore."* – David
Survival spirit	**Entrepreneurial spirit**	*"I have been an entrepreneur my whole life."* – Birgitta *"Back then I was department supervisor at logistics. And we then founded the business to fill in a gap which we spotted in the current process."* – David
	Family internal successor	*"Quitting was never a question for us as Antti is eager."* – Arja *"Our oldest daughter had already started to study hospitality management in Germany and she has been interested the whole time in entrepreneurship so the long-term vision did not change from this anywhere."* - Benjamin
	Optimistic outlook	*"I have realised that whatever happens, we can get over it somehow."* – Arja *"We were not considering in any point quitting because of that."* – Birgitta
Support network	**Family involvement and support**	*"Grandfather was also with us on the field harvesting from dawn to dusk."* – Antti *"I do not think that they… or that it from a work perspective was such a big shock because I had been already involved in this and was an owner like Birgitta too. So, I do not think that they were thinking that what will happen to this company like they had thought if Birgitta had been alone in this. Then they would have naturally thought what will happen to them and to the company."* – Benjamin
	Friends and external support	*"People took care that they are getting things done on time. As people realized that things are undone and they need to get done so they went themselves and did them."* – Antti *"I have a friend who is psychologist and she offered to counsel our staff free of charge in the case somebody wants to talk about this."* – Birgitta
	Employees going beyond	*"Employees were worth of gold. They did everything independently and without them everything would have gone bad. They were very well along and took new areas of responsibilities."* – Arja *"I had the feeling that our company has never been taken care of so well than then. I felt that everybody wanted to do their best. I also then felt that I had succeeded as a leader before that as everybody wanted to make me feel as good as possible when I was gone."* – Birgitta

		"Yes, we have to say that the assistant from the business is doing the most. She really is a friend. She is supporting us the most." – David
	Business partner and customer understanding	*"Technically all the ones we have been working with came to have a look and to teach. So, you just needed to call and somebody was always coming."* – Antti *"When work sometimes took a bit longer people were very understanding and as a consequence we also decided to close the store on Mondays."* – Christoph

Now, after the identified demands and resources are presented, we continue by more thoroughly discussing the three different demand themes, the single main demands within them as well as the resources that we identified to be especially helpful for the particular demands. We have structured the following discussion based on the themes due to the connectedness of the demands within a theme and due to the observation that same resources are much utilised to tackle all the demands within a demand theme.

5.4.1 Ill Person's Absence

Gap in responsibilities, absence of leader and *lack of knowledge* are all demands originating from the matter that the ill person is not able to work and thus absent from her/his normal role at work. In our research, these three demands were applicable for the cases A, B and C but not for the case D. As mentioned already, the ill person of the case D, Daniela, did not have an active role in the daily management and operations of the family business but was involved in the business through her role as an owner. Therefore, we found out in our analysis that this theme of demands is not applicable to her case. Furthermore, this signalizes that ill falling of an owner imposes different kind of demands for the business than ill falling of an owner who is also involved in the management. Based on this observation, one could also think that it is easier for a family business to deal with an illness of a pure owner, than a managing owner but we cannot confirm this assumption. On the one hand, our findings highlight the fact that family businesses with an ill fallen managing owners face more challenges than the ones with an ill owner. But on the other hand, out of our four cases, the case D was the only one which had to be liquidated. Therefore, it is rather important to understand that differences exist and to consider the heterogeneity of family businesses (Nordqvist et al., 2014) when analysing a chronic illness' effects on the business.

Gap in responsibilities. In the cases A, B and C, the managing owner had had a very significant role before the illness and had been responsible for some functions only herself/himself. Therefore, this person's absence from the functions left a gap in the organisation. This meant that the tasks had to be reorganised and roles reshaped and divided again. For instance, in case A, Arto's illness caused problems as Arto had been alone fully responsible for the field work and administrative work in the organisation. The same was the case at company B, in which Birgitta had been alone managing the hotel as well as been responsible for the sales of the hotel. Also, Claudia had had responsibilities such as sales, purchasing and email correspondence which were only her responsibility and did not involve Christoph at all. The gaps in responsibilities were one of the most evident demands based on the interviews. Many interviewees talked a lot about this and mentioned several times the need to reorganise the responsibilities. Also, Fletcher (2002) points out that often managing owners of small family businesses have several areas of responsibilities they are solely taking care of. Therefore, we conclude this demand to be one the most obvious ones for small family businesses and something that majority of small family businesses are facing in a situation like this.

Absence of leader. The next demand, absence of leader, was relevant for the cases A and B but not for the cases C and D. As Claudia was not a sole leader of the family firm but Claudia and Christoph more shared the leadership, her ill falling did not leave an empty role of a leader in the organisation. On the other hand, Arto and Birgitta both were before the illness the clear leaders of their organisation, their absence left a vacant spot for the leader. Especially in the case B, the absence of the leader caused also some level of uncertainty among the employees, even though Benjamin tried his best by taking over the company and stepping up as a leader. Furthermore, even though Benjamin acted very quickly by informing the staff and by trying to make sure that they are not scared for their jobs and their future, there still existed a certain level of uncertainty among the employees. In our opinion, this clearly emphasises the difficulty of gaining the absolute trust of the employees in a situation like this. Also, the fact that Benjamin still believes that no uncertainty existed among the employees, underlines the difficulty of recognising the uncertainty of the employees. Moreover, in case A, the vacant leader position caused the need of different actors to step up and take over the leadership. First spouse Arja and employee Kimmo needed to step up, and later son Antti had to take over the leadership of the family farm.

Lack of knowledge. The last demand under this theme relates to the loss of knowledge due to the absence of the ill person. In all the three cases, the ill falling of the managing owner caused significant lack of knowledge within the organisation. This severely complicated the running of the business and even had a negative effect on the business performance. In line with this Barney (1991) states that the knowledge possessed by a managing owner can be an essential competitive advantage of a family firm. Among the three cases which struggled with this demand, the case company A was the one with the most enormous difficulties. Both Antti and Arja describe how they were not only struggling with the lack of technical skills, but also they lost the more social oriented knowledge that Arto had possessed. For instance, they did not know whom to approach in regards to new fields. The type of Arto's illness and the fact that he lost his ability to communicate, critically worsened the situation as Arja and Antti had nobody to ask for advice but were forced to act based on the knowledge found in archives and the information received from their business partners. On the contrary to this, cases B and C were surely also suffering from the loss of knowledge due to the absence of the ill person, but their situation was still distinctly better as the ill person was still able to share the knowledge despite the illness. This difference between the cases relates back to the earlier discussed differences between illnesses and their characteristics. In other words, illnesses that negatively affect the cognitive abilities are, based on our findings, much more severe for the organisation as they obstruct the knowledge sharing between the ill person and the rest of the organisation.

5.4.1.1 Resources to Respond to Ill Person's Absence

Internal business resources. Our empirical material indicates that the case companies used especially their internal resources as well as their support networks to respond to the demands of this category. All the three cases stated that they benefitted strongly from the fact that their *company was well-organised* already before the illness occurrence. For example, Antti highlighted the importance of the well-organised papers and archives, Benjamin their clear procedures and Claudia also the easiness of reorganising processes when the company is well-organised in the first place. Furthermore, as mentioned already, beneficial was also the *ill person's ability to share knowledge* to the other members of the business in the cases B and C. It also became very clear during the interviews that companies, which are managed in the way that fosters *knowledge sharing and power distribution* between several people, succeeded significantly better in the time of a crisis like this. The case company B, which as the only company out of the four was able to improve their financial outcomes during the illness

period and thus can be seen as the one to be the closest to the desired bonadaptation, was indeed managed in a way that supported knowledge sharing and power distribution among the employees. As Benjamin states *"this kind of situation is… easier to deal with if not all the strings are in the hands of the entrepreneur. But that the responsibilities are shared already earlier"*. Furthermore, Arja also clearly advocates the importance of knowledge sharing, and sees that the nonexistence of knowledge sharing was one of their biggest stumbling blocks. These arguments emphasise the importance of the internal business resources and especially the role of knowledge sharing in the organisation. Theory also states that small family firms can benefit greatly from knowledge sharing within the firm (Sirmon & Hitt, 2003), and that the role of leadership style in fostering knowledge sharing should not be belittled (Cunningham, Seaman, & McGuire, 2016).

Support network. In addition to the internal business resources, their support networks seemed to be a very advantageous resource for our case companies. In all the three cases, the business was supported by *extra efforts from the spouse*, and in case A also by several other family members. The extra efforts were naturally a great help for the business, not only because of the extra labour effort but because family members are actors which can be fully trusted. For instance, Birgitta underlined this by stating that the crisis would have been more severe for the company, if there had not been her husband Benjamin who she could fully count on. This kind of reliance on family members is a very typical behaviour for family businesses (Kets de Vries, 1993). Furthermore, for all the businesses, their employees were a very essential resource. Arja described the employees as to have been *"worth of gold"* and all the others also highlighted how their *employees took new responsibilities* and new roles. Therefore, in many companies, the employees took partly over the role and the responsibilities of the ill fallen entrepreneur. For instance, Aki started to independently manage the packing operations, Bettina took the sales operation as her responsibility among others, and Claudia's and Christoph's employee replaced Claudia in the sales tasks. Thus, employees are one of the most essential resources in responding to the emerged gap in the organisation. In line with this, Miller, Le Breton-Miller and Scholnick (2008) state that small family businesses are extremely good in deploying their employees.

On top of the family members and the employees, our case companies seemed to benefit from the *support of their business partners and friends*. Especially in case A, which had massive lacks of knowledge, the family utilised their business partner network effectively to help

them to cope with the situation. Their example also showed the usefulness of creating strong long-term relations with the partners in the way family businesses often do (Kets de Vries, 1993; Miller & Le Breton-Miller, 2005). The long-term partners truly aimed to help the family business and expressed sympathy and understanding for the family business, which both helped in the coping process. Moreover, in the cases A and B, the friends of the family helped with the business and acted as an important resource.

5.4.2 Family Business Traits

Family businesses are proven to have some unique characteristics that separate them from non-family businesses (Melin et al., 2014). Based on our findings, these characteristics also cause additional demands upon the family businesses and their managing owners in coping with a severe chronic illness. We found out that all our case companies were feeling some level of *compulsion to shelter their employees* during the crisis. Especially the cases A and B, who are the ones with the most employees, expressed a high level of worrying about their employees and the effects of the situation on them. For example, Birgitta and Benjamin both signified that for them it was very important right from the beginning to keep the employees informed and give them a safe feeling. Similarly, Arja also mentioned as one of her first concerns after the illness, the fear of not having enough work for her employees and a possible business failure's impact on the employees. Furthermore, even though the business performance of the cases A, C and D were negatively affected by the illness, none of the case companies decided to dismiss staff to save in labour costs. Miller & Le Breton-Miller (2005) conform that this kind of commitment to employees and providing so-called 'welfare state' conditions for the employees is typical for family businesses. Also, as the concept of social-emotional wealth emphasises, the decision-making processes of family firms are not purely guided by financial outcomes but also by other factors (Berrone et al., 2012; Gomez-Mejia et al., 2007).

Three of our cases (A, B and C) also indicated strong commitment towards the continuity of the business as well as the preserving of the *family business's legacy*. Among our four cases, the case company A is the one with the longest family tradition as the business is already in its 3rd generation and is going to be succeeded soon by the 4th generation. All the other case companies are still run by their founders. This difference was also visible in our findings, as Arja was the only one who emphasised the influence of the long-tradition and business legacy in the decision-making, and bluntly stated this to support the decision to continue

the business even in times of a crisis like this. This kind of legacy protecting is also one of the characteristics of family businesses and associated to the need to preserve socio-emotional wealth (Gomez-Mejia et al., 2011; Kets de Vries, 1993). Even though the other businesses were in their first generations, it did not mean that the continuing of their business in the future would be less important for them. A, B and C strongly indicated that the continuing of the business is essential for them and that they are even ready to make special arrangements and to endure extra efforts to make this come true. For both, case A and he case B, the continuation of the business is solidly bound to the existence of a motivated, qualified family successor. Arja, Arto, Benjamin and Birgitta all emphasised the importance of the successor for them from both business as well as personal perspective. It became very clear that the *existence of a successor* is one of the most significant factors guiding the decision-making of family businesses during the coping with a chronic illness. This finding is in line with the wide literature of succession in family businesses, which emphasises succession as the most prominent concern of family business leaders (Chua, Chrisman, & Sharma, 2003; Gomez-Mejia et al., 2011; Lansberg, 1999).

Moreover, worth of notifying is the situation of case C. Despite the fact that Claudia and Christoph do not have a family successor, Claudia indicates the couple to have a high desire to find a successor for the business in order to guarantee the continuity of the business, and thus guarantee the existence of goldsmith services in their community. This type of thinking and feeling responsible for the surrounding community as well as the customers is typical behaviour for family businesses, and is categorised in the family business theory under 'Binding Social Ties' of the FIBRE dimensions within socio-emotional wealth (Berrone et al., 2012). Furthermore, it also highlights that the continuity of the business, despite the nonexistence of a successor, directs the decision making of the managing owners. To conclude these findings, we state that the typical long-term orientation, the desire of business continuity and the existence of the business (Lumpkin & Brigham, 2011; Miller & Le Breton-Miller, 2005; Zellweger, 2007) strongly moderate the decision making of family businesses and thus can expose them for additional demands that non-family firms would perhaps not have. In other words, in a situation in which a non-family firm would stop their business, a family firm might continue fighting for their business and enduring more hardships.

5.4.2.1 Resources to Respond to Family Business Traits

We found that our case companies aimed to respond to these demands in a couple of ways. Firstly, *open communication* was seen as very essential for making sure that the employees feel secure about their future in the business. Especially Benjamin and Birgitta emphasised the role of sufficient communication that kept the employees informed throughout the coping process. The sufficient, open communication was seen to reduce the uncertainty of the employees. As discussed already earlier, the managing owners of the case company B did indeed communicate very openly, but their communication was still not enough to wipe out all the feelings of uncertainty. Theory also emphasises the role of sufficient and open communication as a highly essential matter (Strandberg & Vigsø, 2016) but also point out that, even though the management level perceives the communication as sufficient, it might not appear so for the employees (Mazzei & Ravazzani, 2011). This describes well the communication issues of case B. Furthermore, Benjamin also highlights the prominence of family involvement in the battle against the uncertainty of employees. Benjamin states that the involvement of more than one family member in the business also creates a feeling of security for the employees, which is in the line with the theory that states family businesses to foster long-term relationships to their employees (Miller et al., 2008). Related to this, we also see the existence of a successor to be a useful resource in managing the uncertainty of the employees.

Survival spirit. As discussed already, the existence of a family successor naturally helps in the desires of *preserving family legacy* too. Furthermore, as visible in case A's situation, the successor can also be a very valuable resource in overcoming other business problems and extra demands caused by the willingness to sustain the business. Antti, who already in a young age stepped into big shoes, proved to be one of the most valuable resources of the family farm. Under Antti's leadership, the course of the family business turned again into the direction of growth, and now due to his skills and motivation, the future of the business looks better than it has looked since the occurrence of the illness almost 8 years ago. Furthermore, based on the collected material, we found out that the right kind of spirit, *entrepreneurial spirit* as well as optimism about the future, helped the case companies to continue. For instance, Birgitta emphasised, how she and her husband have their entire lives been entrepreneurs and, how her relatives are also entrepreneurial, which we saw as an example of an entrepreneurial spirit and thus as a resource for the business. For Birgitta, being an entrepreneur seemed to be the only option and therefore, for her, selling the

business never was an option. We see this kind of spirit and behaviour to have similarities with the family entrepreneurial orientation introduced by Zellweger, Nason and Nordqvist (2012). Moreover, the findings that entrepreneurs coping strategies dramatically differ from the ones of other people and that certain type of people decide to enter entrepreneurship (Oren, 2012; Schonfeld & Mazzola, 2015; Stephan & Roesler, 2010; Voltmer et al., 2011), can be seen to explain the entrepreneurial spirit we have witnessed in our cases.

5.4.3 Intertwining Family and Business

Through the interviews and being in contact with the case companies, we were constantly able to witness the intertwining of the family and the business, which is mentioned in the theory as the unique feature of family businesses (Gersick et al., 1997; Habbershon et al., 2003). We can also conclude from our experience that managing of a family business is greatly managing of the overlap of family and business entities (Nordqvist & Melin, 2010). We realised that the concern about *family living* was a reason for the families to continue their business even though the situation was very bad for coping and continuing the business. For instance, Arja stated the family loans as a reason to continue the business, and Christoph reasoned their decision to continue by the need to work in some profession to earn a living as well as by difficulties to become employed outside of the own entrepreneurship. In case D, Daniela's illness forced David and his business partner to downsize the company, and due to the smaller profits of the new organisation, the business partner had to exit the company at the end. These examples highlight the overlapping of the two entities and make it clear that in a family business, it is not possible to only look at the business but the influence of the family needs to be also considered. Furthermore, our observations are in line with the literature, which states chronic illnesses to also be a financial burden for families (Baanders & Hejmans, 2007), and in our case for their family businesses.

From the business perspective, the earlier described *excessive caretaking* caused also severe hardships for the business. As described, this laborious caretaking was mainly related to the cases A and D due to the type of the illness. Antti and Arja both described in their interviews, how especially in the beginning, they were forced to use lot of time for taking caring of the ill Arto and thus, were not able to fully concentrate on driving the family business. Moreover, David's experience in which he needed to first downsize his business, then sell it and work only 30 hours a week instead of his earlier long weeks, highlights the

influence of the burdensome caretaking on the business. These findings are consistent with the literature that suggests a severe illness to cause significant changes in routines, roles and identities (Baanders & Hejmans, 2007; D'Ardenne, 2004; Eriksson & Svedlund, 2006; Knafl & Gilliss, 2002; Rees et al., 2001).

5.4.3.1 Resources to Respond to Intertwining of Family and Business

As the intertwining of these two entities is an inseparable part of the family businesses' nature (Gersick et al., 1997; Zellweger et al., 2012), our family businesses had limited chances to cope with these demands. One of the obvious ones was to move *more responsibility about the business to the employees* and to focus oneself more on the caretaking. This was used by all the cases. In case A, other family members, who were not actively involved in the business were rolled out to replace the family members who were entangled with the caretaking duties. This did not only give for Arja and her children the chance to attend their husband and father but provided trusted help for the family business. This again highlights the role of having a strong *support network* that stretches and provides help when needed. Furthermore, in our analysis we came to the conclusion that the management style of the case company B (encouraging power distribution) was very beneficial for the family's coping with the intertwining of the two entities. This type of management style allowed the family to quickly solve the most urgent business needs by making the sharing of tasks and roles very easy, and then to focus purely on the personal coping like Benjamin described. The fact that the company was not dependent on the ill fallen entrepreneur was thus a great benefit for the family dealing with the demands caused by the intertwining of the two units. Nevertheless, essential is to realise the possible impact of the family firm's size on the management style: as family firms grow, they tend to adapt a more professional management style (Sonfield & Lussier, 2008). Our observations are in line with this as the most advanced case by its management style, case B, is also by its size the biggest one of our four cases.

5.5 Preconditions Affecting the Organisation's Adaptation

Based on our collected data, we were able to identify four organisational conditions existing prior to the illness occurrence, which we found out to have a major impact on the organisation's adaptation to a chronic illness, as well as on a successful status quo after the adaption phase. The identification of these preconditions, and the realising of their importance surprised us, as the current literature from the family science side does not

touch upon them due to its different focus. Therefore, the main theories (Hill, 1958; McCubbin & Patterson, 1983; Patterson, 1988; Stafford et al., 1999) do not focus on these conditions, and the preconditions were not included in our theoretical framework either. Thanks to our inductive approach, we were able to identify them as essential elements of the adaptation process.

We see that the *nature of the industry* influences the adaptation process. Case companies A and C operate in industries which bear risks and uncertainty due to different reasons. The operations in agriculture highly depend on the external factors such as weather, subsidies, as well as networking with landowners and wholesalers (Matthews, 2016; Ollikainen, 2016). In the case of company C, the whole classical retail industry struggles for years with declining sales due to increasing numbers in online purchases, which places the business in an environment of insecurity (Rumscheidt, 2016). Therefore, we see that these contextual factors might affect the stability of the business when the illness occurs.

What we call *professionalism* within the business is a key factor for bonadaptation, and a strong organisational structure. As we see it, this professionalism within the business is highly dependent on the structures created by the managing business owners (Dyer, 1989). A core is the owner's ability to create a working environment, where knowledge sharing is encouraged and lived (Blumentritt, Keyt, & Astrachan, 2007). Knowledge sharing within the business guarantees a reduced risk in the case of the absence of the owner. Similarly, to the findings of Cunnigham et al. (2016), we see that managing owner's leadership style has a major role in fostering knowledge sharing in small family businesses. We found out that especially a leadership style that fosters independency among employees helps in the case of a severe illness to compensate for the absence of the owner. Furthermore, the level of skills as well as the loyalty of the employees has a great impact on a bonadaptation of a family business. In case B, the ill fallen owner created a work environment with highly skilled employees, who have insights into all processes related to the daily operations of the business. Therefore, the employees had the skills and the knowledge to step in and take over tasks previously hold by the ill person.

However, we also acknowledge that not all knowledge can be shared and that the risk of losing tacit knowledge is always given (Nonaka & Takeuchi, 1996). Furthermore, there are differences between operation fields and their needs for expertise and tacit knowledge. Nevertheless, with trying to share as much knowledge as possible, businesses can reduce

the severity of the effect of one actor dropping out. This leads us to another important dimension, the *replaceability* of the ill fallen owner. With replaceability we address the variation of scope of the tasks and knowledge of the ill person before the illness. With this dimension, we want to highlight the importance of tacit knowledge and its difficulty to be replaced in the case of a severe chronic illness (Nonaka & Takeuchi, 1996). Case A portrays a situation where the ill fallen managing owner held all strings and knowledge, which left the family and employees with tremendous demands to compensate. It costed them a lot of work, worries and time to regain the knowledge lost through the illness. But not only that, the tacit knowledge had to be learned by employees and the successor in a long, time-consuming process. Also case C highlighted that the ill falling of the husband, who is a goldsmith, would have had more severe effects on the business, as the tacit knowledge of a goldsmith is very implicit and very difficult to replace. Therefore, we acknowledge the significance of the ill fallen owner's knowledge and the nature of the skills.

We found that striving for longevity of the family business as well as *family engagement* are very important for all the cases analysed. This finding is supported by many previous studies highlighting the specific nature of family businesses of embracing longevity (Berrone et al., 2012; Kets de Vries, 1993; Miller & Le Breton-Miller, 2005). Even though the case companies faced very difficult times and the continuing costed and still costs them extra demands, they are willing to go through these times to ensure the survival. In the cases A and B, especially the awareness of a family internal successor helped the family to continue on the family level (Zellweger et al., 2012). We identify the strive for longevity of the family business as an important factor influencing the joint efforts of adaptation. These joint efforts of a high engagement of the family members create a support network for the family business to successfully manage the crisis of the chronic illness.

In our study, the size of the business had a significant effect on the successful adaptation of the companies. Though all cases are micro and small family businesses, the variation from a three-man business up until 42 employees showed a significant difference between the family businesses' effort needed to adapt to the chronic illness of the owner. In case C, the micro size of the business left the owners with a very difficult situation to adapt to, as both owners endue important roles in the daily operations of their business, furthermore, an investment in a salary for an additional employee would have meant unprofitable extra expenses for the business. In contrast, in case B, the owners were able to rely on a healthy

number of employees, who were familiar with the business operation and capable to step in to compensate the absence of the ill owner. These observations support our assumption that the negative influence of a chronic illness has a stronger effect on businesses with a small number of employees. However, our sample is not sufficient to confirm this statement.

Lastly, we see the age of the family business owners as an important contextual factor influencing the decision of the owners with regards to the continual of the business operations. The cases A, B, and D got affected with the illness at the prime of their working lives. Cases A and B described it as impossible to liquidate the business due to the financial dependency on the business survival, as loans needed to be paid, and the livelihood of the family depended on the survival of the business. Also in case C, the age affected the decision to continue the business; the owners were in their late fifties when the diagnosis was made, therefore, at their age, they did not see a possibility to find employment somewhere else.

The identified preconditions shape the starting point of the businesses, define how the businesses cope with the stressor event, and adapt to the new demands. Therefore, these preconditions play a major role in leading to a strong or weak status quo of the business after the illness occurrence, or even in the worst case, a business failure.

Although the occurrence of the chronic illness showed the cases the importance to share knowledge and responsibilities, the case companies went back to their old patterns after some time. In case A, the family business struggled a lot due to the knowledge centralisation on the ill fallen owner Arto, as described in the findings. Despite the awareness of the initial weakness of their structure of knowledge centralization, the wife Arja does not try to hinder her son Antti to make the same mistake again. Antti, growing up with a difficult situation for the family business due to knowledge centralisation, decided to take over an enormous share of knowledge and responsibility by himself, rather than trying to share responsibilities among the siblings and employees. We see this as a surprising fact, that even the successor witnessing the struggles of regaining knowledge and skills, is going back to the same behaviour that originally put the family into great danger to lose the family business. Also in case C, the couple decided to go back to the same task allocation than before the illness. They still believe that everybody should do what they are best in, neglecting the previous experience due to the illness.

6. Discussion

We start this section by presenting our developed theoretical model and discussing its contributions to the existing theory. In addition, we provide practical implications for family businesses and discuss the topic on a societal level. Limitations of the study and propositions for future research are included too.

6.1 Developed Model and Theoretical Contributions

The presented model (Figure 5), is developed based on our findings and the analysis of them with the support of the previous theory. The model aims to summarise the main outcomes of our study and to illustrate a framework that can be used by further researchers as a basis for studying the same topic. Moreover, we see that the developed model adds to the current literature in both family science and family business research, as well as provides contradictions with some existing theories. The model is process oriented and consists of four stages of adaptation: the preparedness relating to the time before the illness occurrence, the illness occurrence, the battle against the demands caused by the illness, and the new preparedness which emphasises the outcome of the adaptation process.

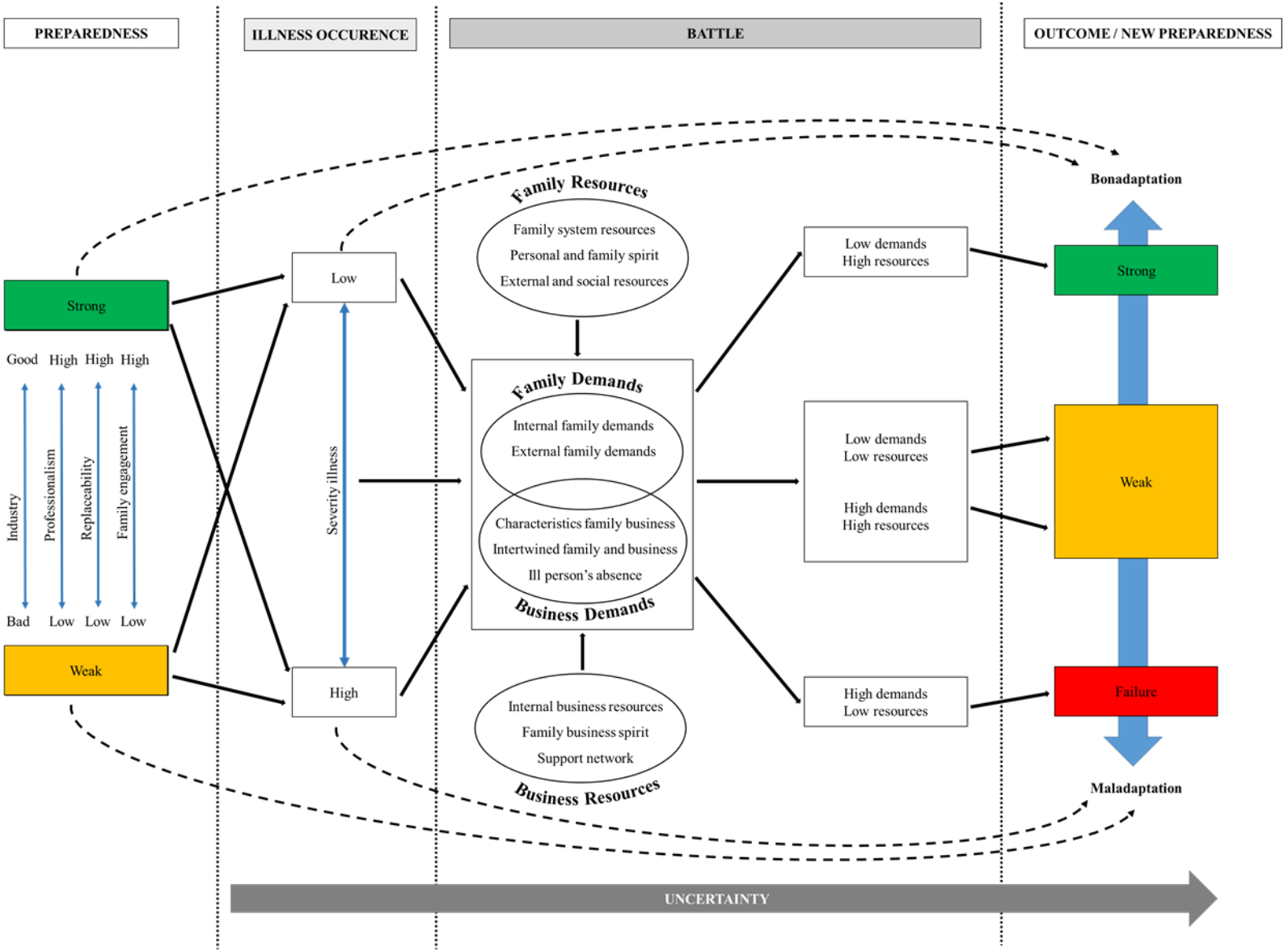

Figure 5: Process Model of Family Business Adaptation to Severe Chronic Illness of the Owner

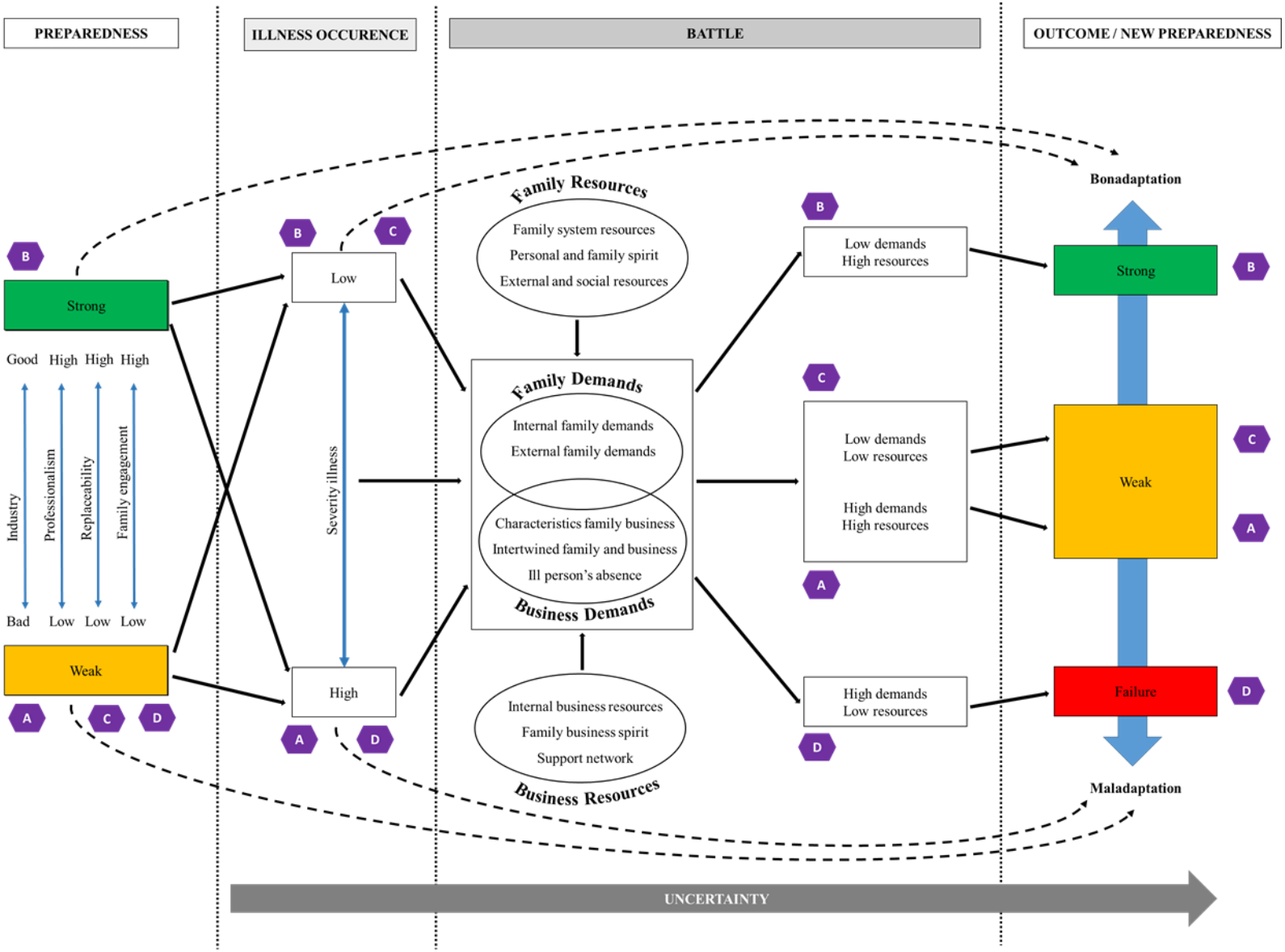

Figure 6: Displaying our Cases within the Process Model

As visible in the illustration (Figure 5) and as discussed in the analysis, we found out in our study the conditions and characteristics of an organisation before the illness occurrence to play a major role in the whole adaptation process. We identified industry specific aspects, professionalism of the family business, replaceability of the owner's skills and family engagement including the existence of the successor, as factors that affect the family businesses' readiness and equipment level in facing a crisis. As visible in Figure 6, our findings highlight the essentiality of the preparedness, and indicate strong organisations to be also the ones that survive the best from the entire adaptation process. On the other hand, initially weak organisations tend to not develop and learn from the illness, which makes them vulnerable for future stressors too. Furthermore, initially already weak organisations bear a risk for business failure when a stressor event occurs.

We see identifying of these preconditions as one of the most important contributions of our study. The current literature is not able to tell us, what kind of family businesses and their organisational structures are especially vulnerable in the case of an illness occurrence. Similarly, the current literature does not provide suggestions, how organisations could effectively prepare for a possible ill falling of the owner. Therefore, we see that our identified four factors are especially significant, and can provide much needed answers to the existing gap. Moreover, we see that by identifying these specific organisation related factors, we can contribute to more general models that focus only on the constrains and resources of the family business. We can contribute, for instance, to the Sustainable Family Business Model by Stafford, Duncan, Danes and Winter (1999), and supplement it with our findings.

Many family science models generalise all illnesses as stressor events that trigger adjustment and adaptation processes in a family (Hill, 1949, 1958; McCubbin & Patterson, 1983). Our model differs from these models by taking into consideration the severity level of the illness. As discussed, similarly to Roland (1994, 1999, 2005), we observed the nature and the magnitude of the illness to have a major impact on the whole adaptation process. Furthermore, as Figure 6 presents, we observed that family businesses that face a high-level illness in severity are more likely to be associated with a maladaptation and a failure than the ones facing a low-level illness. Neither of our cases that faced a high-level illness could reach the bonadaptation, whereas one of the cases facing a lower level illness succeeded in their attempts. Also, the other case facing a low-level of illness was able to adapt well to the

crisis. This finding further highlights the magnitude and the role of the illness, and suggest that regardless of the resources a family business would have to respond to demands caused by an illness, they cannot fully balance the negative effects of a high-level illness. This finding contrasts with the FAAR Model (Patterson, 1988) and Sustainable Family Business Model (Stafford et al., 1999) that are built on the postulate that demands of an illness can be balanced by available resources. Based on our findings, it is possible that the resources cannot answers to the severity of the illness and the demands caused by it.

Many family science models and their illustrations also build on the stand that illness occurs in the beginning of the adaptation process (Hill, 1949, 1958; McCubbin & Patterson, 1983; Mellon & Northouse, 2001; Patterson, 1988), and do not concentrate enough on the continuity of the stress throughout a longer period. We observed in our study, especially in regards to the cases A and D, that the illness's rather causes constant stress for the families and the businesses. Rolland (1999) also points this out and explains that some illnesses might be, for instance, relapsing by their nature, which can cause further uncertainty. Due to the crucial role of the uncertainty, we have included uncertainty as a continuum at the bottom of the model to emphasise the long-term effect of the illness. We see this as a development from models which do not consider the long-term impact of the illness, and ignore the different courses of illnesses.

As pointed out, an illness imposes demands for both the family as well as the business systems, and their magnitude is dependent on the nature of the illness. The battle phase in our model centres around these demands, and presents the resources that family businesses utilise to stabilise the occurred unbalance. We see the identifying of these specific resources and demands as another main contribution of our study. In the family science literature, there are already several theories focusing on the demands and the resources (e.g. Acitelli and Badr (2005), D'Ardenne (2004), McCubbin et al. (1980), Mellon and Northouse (2001), F. Walsh (1996), Årestedt et al. (2014)). We see that our findings are in line with this established literature and provide further support for it. However, as in the family business literature, no earlier research exists, which focuses on business demands, we can make greater contributions. We see that the identified business demands as well as resources are a prominent addition to the current literature, and provide clarification in the issues related to the illness coping in family businesses.

Based on the balance of the resources and the demands, we identified three different scenarios for family businesses. Our findings indicate that family businesses that face low-level demands and obtain high-level resources, are the ones associated with a positive outcome, bonadaptation (Lavee et al., 1985). Regarding the new preparedness, they are also equipped for facing a new stressor event. On the other hand, family businesses that face high demands but do not have the needed resources bear a significant risk of maladaptation and failing (Lavee et al., 1985). Moreover, family businesses that have either high demands – high resources or low demands – low resources, are affected on some level negatively by the illness occurrence but are still able to survive their challenges and continue their existence. Furthermore, we see that these organisations are thus weaker organisations, and vulnerable for further stressors. As pointed out already, we found out that the preconditions of the organisations strongly mediate and influence the outcome of the adaptation process, and therefore, the basic structures of the company play a crucial role in the adaptation process. We also see this model with the new preparedness as an ongoing process, in which new stressors occur to menace the current stable new preparedness/preparedness of the organisation. This ongoing nature of adjustment and adaptation is similarly to the main idea of the FAAR Model (Patterson, 1988).

To conclude the discussion of our model and its theoretical contributions, we would like to go back to where we started. As explained, this research was inspired by Jaskiewicz et al (2017), who in their recent review pointed out the potential of the rich and well-established family science research for studying family businesses. We decided to answer this call and conducted a research combining family business and family science theory to study the influences of a family business owner's chronic illness on the organisation's adaptation. We think that the interdisciplinary nature of our study benefitted us greatly, and gave us a chance to thoroughly investigate the intertwining of the family and the business in a family business context. We believe that with our model, we have been able to capture the process and the elements related to the occurrence of an illness in a family business context, and shed light on issues that have not been researched earlier. Furthermore, we feel confident that with this first exploratory research we can undoubtedly contribute towards closing the existing gaps in the family business literature and open new avenues for future research.

6.2 Practical and Societal Implications

As this research is already by its purpose and topic highly practical, we see it as important to also discuss the practical implications of our study. We believe that our findings can benefit family businesses which are currently struggling with an owner's severe illness, but also family businesses in general, as whoever business owner and whichever organisation might suddenly be forced to face a severe illness. We are confident that the identified preconditions can benefit all family businesses, and help them to reconsider their practices. For example, it might be useful within the organisation to train employees cross-departmentally, and the way that employees are familiar also with tasks outside of their main duties. It is important that in the organisation, responsibility and crucial tasks are not concentrated on the entrepreneur or a manager alone. The role of knowledge sharing and shared leadership style cannot be highlighted enough. Furthermore, organisations should invest in their employees and their retention in the organisation, as the existence of skilled, experienced employees is one of the most prominent assets that can make organisations strong and resistant for negative impacts of a crisis caused by a severe illness.

We believe that the identified demands and resources have also several practical implications. Firstly, they help all family businesses to understand, what kind of demands they are exposed after an illness occurrence. Secondly, they help to see the wide spectrum of possible resources one can utilise in the battle against the demands. Thirdly, they benefit already battling family businesses to reflect their situation to other ones in a similar situation. Moreover, we see that our findings and the model help family businesses to understand the long-lasting and continuous nature of this battle against an illness. In other words, family businesses should understand that there can always be another collapse or set-back that causes a new crisis for the organisation as chronic illnesses are perpetual by their nature (Livneh & Antonak, 2005; Rolland, 1999; Strauss & Corbin, 1984). It is not enough to only adapt to the current situation, but organisations should aim for permanent changes in their basic nature (preconditions). We see this as the only way for family businesses to become stronger organisations, which are ready for future stressors and able to successfully adapt when required.

We wish to also point out that even though the effects of a chronic illness are drastic for both family and business, our case companies, excluding the case D, survived surprisingly well from the sudden, new demands. In other words, family businesses should also

understand that it is possible to survive from an owner's severe illness. Moreover, an interesting implication is that, despite the negative consequences of a chronic illness, we observed the new situation to also bring with it some positive aspects. For example, the need to relocate responsibilities to new actors gave new, compelling tasks for those people taking over. Also, the gap an ill person leaves in the organisation gives space and a chance for motivated employees, as well as for a new generation. In none of our cases, employees were laid off, which further emphasises for employees that they do not need to worry about their jobs as much as they might right after the initial shock. Furthermore, in case D, the difficulties to run the company in its original size generated a completely new business model, which reduced the labour work of the company but made it possible to keep the revenues on the same level by an innovative way of using new supply chains. Therefore, it is also important to realise that the changes a chronic illness forces on an organisation do not only have negative effects but they can turn out to be something good too.

In addition to the practical implications for family businesses, we would like to underline our findings concerning bigger scale, societal dilemmas. As discussed in the analysis part, all our cases experienced some level of difficulties in getting the treatment and the help from insurances and the government. This is an interesting finding since all the cases are situated in a welfare state in which acute treatment, primary care, and rehabilitation are available to all, independently from their financial situation (Adema et al., 2011). We see that even though there is much support available in a welfare state (Adema et al., 2011), there are still obvious chances for improvement. We witnessed through this study, the lack of policies and structures supporting ill fallen entrepreneurs and their business continuity. As family businesses are globally the most common form of business (Gersick et al., 1997), and responsible for up to 60 % of all private sector employment in Europe (European Parliament, 2015), it is vital to make sure that family business owners have the needed support available. At the end, the offered help and support enabling business continuity, does not only benefit the entrepreneurs themselves but provides an employment for the employees of the organisation, and contributes to the entire society in form of created goods, services, revenues and taxes.

6.3 Limitations

Surely, our conducted study bears its own limitations. We acknowledge these limitations and wish to emphasise their role in the evaluation of our study and its findings. Firstly, we

would like to underline the novelty of the topic and the specific setting for us as researchers. We think that earlier experience in the family science field would have helped us in gaining a deeper understanding of our findings, as well as providing us with new perspectives instead of our business oriented mind-set. Furthermore, this inexperience does not only restrict the analysing and the understanding of the collected data, but we see that we were not fully aware of the matters that could possible disturb our data collection. Only during the process of data collection, we understood the necessity to be extremely flexible in regards to the place, time and way of collecting data. We realised that the families and the caretakers are already now often overloaded with responsibilities and duties, which leads to the situation that they do not have much extra time to spare and the allocation of the little extra time is dependent on their daily schedules.

Moreover, we realised that the caretakers are not always able to concentrate only on the interview situation, but can bear a constant need to take care of the ill fallen person. In other words, situations in which the interviewee had to stop the interview for a moment to attend the ill-person were a part of our data collection. We acknowledge that this kind of breaks and constant distractions can have hampered their thinking and answering of the questions. We see that our interviewees' opening about the drastic events was something new for us as an interview situation. We were sometimes unsure how to react to the emotionally challenging moments, which might have also then affected the interviewees and their answers. This type of study also requires a different kind of bond between the interviewers and the interviewees through the sensitivity of the topic and thus, also needs a different way of handling. We see the time constraints as a limitation to create closer ties with the case companies. Moreover, the lowered cognitive abilities, especially in speaking, evidently obstruct the ill fallen people's communication abilities and thus could have resulted in situations in which we have not fully caught their point. Sometimes, we had to ask the caretakers to help us to understand what the ill-person wants to say. This helped us but can have also biased the answers and thus our findings.

Due to the sensitivity of the topic, we also had problems to find case studies and were forced to accept all the cases that fitted to our set criteria. Therefore, the number of cases as well as their spreading out across industries and countries can be perceived as a limitation of our study. Also, one of our cases was slightly bigger than the others which may have influenced the results too. The limited time also did not allow us to visit our case

companies several times or to follow the progress of the cases over a longer time which naturally also affected the nature and the findings of our study. Furthermore, as we could not follow the cases over longer period of time, we had to study the events mostly in retrospective, which causes its own limitations for the data. Therefore, we cannot be fully sure that the interviewees remember the events correctly or that they after years remember all the minor details and understand to communicate them in the interview situation. In this, the secondary material from earlier times was for a good help, but it still does not eject all the limitations caused by the retrospective nature of the study. Furthermore, we need to acknowledge the role of external factors in determining the resources that support a bonadaptation. Mainly due to the time, the scope and the method of our study, we were not able to isolate the role of those variables and thus, we cannot be entirely sure about their role in companies' adaptation outcome. More simplified said, we cannot be entirely sure how much, for instance, the industry trends have influenced company's current state.

Lastly, we want to point out the limitations related to the exploratory nature of our study. We see the non-existence of the earlier research as a limitation for our study as we did not have any earlier research from which to draw ideas and directions for our study. Therefore, we had to count mainly on our own intuition and thinking in deciding the direction and the focus of our study. This can have limited our findings strongly too, but we also see it as a chance to evolve and explore into new, untouched fields.

6.4 Future Research

We feel confident that this exploratory research works as a good starting point for future studies and hope that we have been able to encourage others to study the same topic from new angles and by using different methods, as we believe there still to exist much avenues for future studies. We perceive that future research could, for instance, focus on a specific common chronic illness and better study its effect on the business. It would be especially interesting, based on our findings, to focus on an illness that harms the cognitive abilities of the person as that type of illnesses appeared to be more severe for the business. Similarly, we see that future research could compare the effects of an illness between different organisational sizes. In our study, we intentionally focused on micro- and small-size businesses as we believed the effects of an illness to be greater than in bigger size organisations. Out of our four case companies, the biggest one survived the best but we cannot undoubtedly state that the size of the organisation was of significance for its

success. Therefore, future research is needed to investigate our assumptions. Furthermore, we see it as interesting to study the same topic in a different context, meaning in a non-welfare state, as this could more strongly map out the role and importance of the social support offered by the state for the ill-people and their families. Moreover, we see that our study could be also adopted as such for replication with more cases. It would be intriguing for us to see how another research's results would compare with our findings.

In our study, we did not have time to follow the cases over long time of period which caused issues of retrospectivity for our study. Hence, an engaging option would be to follow the development of the family businesses over a long period. Moreover, excellent starting points for future research would be to study more in-depth the effects of company's level of professionalism and existence of a successor to its adaptation and decision-making processes. We found these two to be some of the most dominant factors guiding the actions and the decision-making of the case companies. However, more in-depth studying of these variables was outside of this study's scope, and thus further research is needed. Furthermore, almost all of our interviewees perceived that they had done their best under the given circumstances and did not see any other options how they could have coped. Based on this, we suggest future research to better investigate this phenomenon. It would be interesting to know what are the reasons for the unified perceptions. All in all, as our study was the first of its kind, there exist an enormous potential and myriad of possible avenues for future researchers to tap in.

7. Conclusion

In this section, we conclude our research by answering our research questions and fulfilling the purpose of this study. This chapter presents the summary of our findings' main insights.

Our research purpose is to investigate the influence of a family business owner's chronic illness on the organisation's adaptation. To clarify our purpose and focus on it, we introduced three research questions, which we want to answer with this research. Our first research question concentrates on the demands the illness causes for the family and the business. In regards to this, we identified altogether six demands for the family: three of them are internal family demand and three of them are external family demands. We found out that family's internal demands are related to the burden of the partner, the difficulties to reinstate routines and to the unpredictability caused by the illness. On the other hand, the external family demands concentrate on problems of facing the new reality, retaining earlier social contacts and dealing with authorities to gain the benefits one has a right to. Furthermore, we identified also seven business demands: three connected to the ill person's absence from work, two related to the typical nature of family businesses, and the final two focusing on the intertwining of the family and the business. More precisely, the problems related to the absence from work include the appearing of a gap in responsibilities, the absence of the leader, and the lack of knowledge in the organisation. Moreover, the demands related to the family business traits centre around the feeling of being responsible for the employees and the desire to continue the business over generations. The intertwining of the family and the business causes also problems as the family business is the provider of their livelihood. Also, the demands caused by the burdensome caretaking affect the business and its operations negatively.

Our second research question aims to find out what kind of resources families and their family businesses use to stabilise the unbalance caused by the demands. We discovered that families tend to use seven main resources. Out of these seven, three are family system resources, two personal and family spirit centred, and two external and social resources. The family system resources include long, strong partnership, good family functioning, and family support. Personal resilience and an optimistic outlook form the personal and family spirit resource theme. Furthermore, social and external resources include the help provided

by friends and other actors outside the family. Also, the work is seen as a coping tool for ill people and their family members, and is included in the last theme. On the other hand, we learnt that family businesses draw upon eleven resources in their battle against demands. Four of these resources are internal business resources, three related to the survival spirit of the business, and the final four to the support network the companies have. Well-organised processes, sharing knowledge and responsibilities, ill person's knowledge sharing, and communicating openly are all internal resources companies can utilise. An entrepreneurial spirit, the existence of a family successor, and an optimistic outlook support the company and form the theme of survival spirit. Family involvement and support, friends and external support, employee's extra efforts, as well as business partners' and customers' understanding are resources the companies can find from their support networks.

Our last research question focuses on the role of non-family employees in a crisis like this, and the consequences of the illness for them. Our findings highlight that non-family employees are a very essential resource for the organisation's successful adaptation and thus, their role should not be overlooked when analysing the adaption processes. We learnt that non-family employees are willing to take extra responsibilities and go beyond their job descriptions to help in this type of crisis. Furthermore, we found out that the entrepreneurs also acknowledge the contributions of the employees and value them greatly. Moreover, our research showed that even though the chronic illness might harm the business and its performance, the family business owners are trying to avoid dismissal of their non-family employees. Family businesses are more likely to embrace a long-term relationship with their non-family employees, as family businesses tend to do (Miller & Le Breton-Miller, 2005). In our study, we did not see a chronic illness to impose a threat on the staffs' employment.

In addition to the investigated demands, resources and roles of non-family employees, our study provided novel findings by identifying organisational pre-stressor conditions that were found out to have a prominent role on the whole adaptation process and its outcome. We see the value of these findings to be highly significant, and believe that their successful identification helped us even better answer to our main research question and the purpose of the study.

To conclude, we wish to express that we see our research to provide sufficient and comprehensive answers to our research questions. Furthermore, we see that this research provides clear answers to its original purpose and thus contributes to family business theory.

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Appendices

Appendix 1: Interview Guideline

ILL PERSON

Background – person

Could you please introduce yourself?

- Who are you?
- How old are you?
- What is your position in the company?
- How long have you been working with the company?

Background – company

Can you tell me a little bit about your company?

- In which field of business are you operating in?
- When was your company established/when did you acquire the business?
- How many people do you employ?
- How many of your family members are involved in the business?
- What are your partner's/family members' roles and responsibilities in the business?

Stressor event and coping

Can you tell me about your experience of falling ill?

- What kind of illness have you faced?
- When were you diagnosed?
- What were your reaction and feelings?

How would you describe your partner's/family members' reaction to the diagnosis of your illness?

- How do you think did your partner/family members cope with the diagnosis?
- How was his/her behaviour towards you?

Demands and Resources

Can you describe the biggest challenges caused by the illness for your family?

- What were the challenges for your partner/other family members, you individually?

Can you describe the biggest challenges caused by the illness for your business?

What helped you to get going?

- What kind of help were you given and by whom?
- What kind of external help you get/got?
- Which internal resources within the family and the business proved to be essential?

Perception and level of crisis

How did you perceive your chances of coping with the illness from a personal and business perspective?

- How did you feel about the challenges it caused?
- How did you feel about the help and resources that were available?

Can you describe your thoughts in regards to the illness' effects on the business when you first learned about your illness?

- How did you think this affected the business performance and survival?
- Did you feel that the illness could endanger your whole business and why did you feel so?

Family Business Adaptation

Can you tell me about your responsibilities in the company before and after you fell ill?

- How did your role in the business and the family change?
- How did your partner's/other family members' roles change?
- How did your employees' roles change?

How was it for you to see these changes?

How has your business' performance been before the illness, during the illness and after the illness?

- How have your sales numbers, profits, number of employees etc. developed?

How did the illness affect your long-term goals and future planning of the business?

How do you evaluate your own and your family members coping with the illness from a business perspective?

- Is there something you would do differently?

PARTNER/FAMILY MEMBER

Background – person

Could you please introduce yourself?

- Who are you?
- How old are you?
- What is your position in the company?
- How long have you been working with the company?

Background – company

Can you tell me a little bit about your company?

- In which field of business are you operating in?
- When was your company established/when did you acquire the business?
- How many people do you employ?
- How many of your family members are involved in the business?
- What are your partner's/family members' roles and responsibilities in the business?

Stressor event and coping

Can you tell me about your experience of dealing with your partner's illness?

- What were your reaction and feelings?

How would you describe your partner's/family members' reaction to the diagnosis of the illness?

- How do you think did your partner/family member cope with the diagnosis?
- How was his/her behaviour towards you?

Demands and Resources

Can you describe the biggest challenges caused by the illness for your family?

- What were the challenges for your partner/other family members, you individually?

Can you describe the biggest challenges caused by the illness for your business?

What helped you to get going?

- What kind of help were you given and by whom?
- What kind of external help you get/got?
- Which internal resources within the family and the business proved to be essential?

Perception and level of crisis

How did you perceive your chances of coping with the illness from a personal and business perspective?

- How did you feel about the challenges it caused?
- How did you feel about the help and resources that were available?

Can you describe your thoughts in regards to the illness' effects on the business when you first learned about your partner's/mother's/father's illness?

- How did you think this affected the business performance and survival?
- Did you feel that the illness could endanger your whole business and why did you feel so?

Family Business Adaptation

Can you tell me about your responsibilities in the company before and after your partner/mother/father fell ill?

- How did your role in the business and the family change?
- How did your partner's/other family members' roles change?
- How did your employees' roles change?

How was it for you to see these changes?

How has your business' performance been before the illness, during the illness and after the illness?

- How have your sales numbers, profits, number of employees etc. developed?

How did the illness affect your long-term goals and future planning of the business?

How do you evaluate your own and your family members coping with the illness from a business perspective?

- Is there something you would do differently?

EMPLOYEES

Background – person

Could you please introduce yourself?

- Who are you?
- How old are you?
- What is your position in the company?
- How long have you been working with the company?

Stressor event

How was the illness of your employer communicated to you?

How did you perceive the communication to be?

Demands and Resources

How would you describe the managing owner's role in the business before the illness?

- How essential was his/her role in the company?

Perception and level of crisis

How did you feel when you heard about the illness?

- Did you have fears when you learned about the illness?

How did you perceive the illness to affect the performance of the company?

- Did it harm the performance and if yes how specifically?

Family Business Adaptation

What changed in the company in general after the managing owner fell ill?

- How did you perceive the level of the changes to be?

What changed for you and other employees after your employer fell ill?

- Did you adopt new responsibilities or face new demands?

How did you perceive the reaction and actions taken by the partner/family members?

How did the atmosphere at your workplace change?

- Is/Was the illness a topic discussed?

How would you evaluate the company's coping with the managing owner's illness?

- Did the company, the family members and the employees cope fine without the managing owner or were big difficulties faced?
- What could have been done better by the owner, the family members or employees?

<u>OCCUPATIONAL THERAPIST</u>

Background

Could you please introduce yourself?

- Who are you?
- How long have you been working in this profession and with this company?

Stressor event and coping

From your experience as an occupational therapist, which and what kind of illnesses cause typically problems for business owners?

How do patients and family members usually react to an illness?

- How do you think they cope with the diagnosis?
- What are their typical reaction and feelings?

Demands and Resources

Can you describe the biggest challenges caused by an illness for a family?

- What are the challenges of a partner/other family members/a patient individually?

From your experience, what are the biggest challenges caused by the illness for the ill person's business?

What helps families to get going?

- What kind of help are they typically given and by whom?

- What kind of external help do they get?
- What kind of internal resources do families tend to have that help them to cope?

How can an occupational therapist help patients and their families facing a severe, chronic illness?

Perception and level of crisis

How do families usually perceive their chances of coping with the illness from a personal and business perspective?

- How do they feel about the challenges it causes them?
- How do they feel about the help and resources that are available for them?

From your experience, can you describe typical effects of a chronic illness on managing a business?

- Which kind of effects are typical?
- How major are these effects?

Family Business Adaptation

How are you able to help and support your patients with regards to picking up tasks they have been doing before the illness?

From your experience, how do the responsibilities of the ill person and the partner/the family members change after the illness?

From your experience, how does a chronic illness tend to affect entrepreneur's future planning?